



## CONSENT FORM FOR TW KIDS CONFIDENTIAL

### ABOUT YOUR CHILD

Name: \_\_\_\_\_ Gender: Male      Female  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ School year: \_\_\_\_\_

### MEDICAL / USEFUL INFORMATION

Please provide details of any medical conditions, allergies, special dietary requirements or additional needs (include details of any regular medication that your child takes):

### PARENTS OR CARERS AND EMERGENCY CONTACTS

Contact name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTOGRAPHS AND VIDEO

Photographs and video are sometimes taken during Trinity West Church activities. Images are used:

- to help children have good memories of church activities
- for publicity purposes, including on the church website and related social media

Trinity West Church is committed to safe practice when dealing with images of children. No names or any other personal information, which could enable identification of a child, are used.

If you do not want photographs and video to be used in this way, please contact the Church Office in writing by emailing: [admin@trinity-west.org](mailto:admin@trinity-west.org)

### PRIVACY

Trinity West Church will store the details on this form, subject to the legal requirements of the Data Protection Act (1998), for the purposes of promoting and enabling the activities for which the church exists, safeguarding, and facilitating emergency care. Trinity West Church will maintain the confidentiality of this information, and will never communicate it to people or organisations outside the scope of church activities (except in cases of medical emergency or when required by appropriate legal authorities).

### YOUR CONSENT

I consent to my child joining in the normal activities of TW Kids at Trinity West Church and understand that it is my responsibility to inform the Church Office if any of these details change.

**Signature of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_