

General Information and Consent Form (for Children and Young People)

基本資料及同意書表格

Group: Church Sunday School and Children Programmes 教會兒童主日學及兒童活動

Please complete and return this form to brother Seabert to register your child for Sunday School. Please fill out one form for each child aged 4 or above.

請填寫此註冊表後，交給 Seabert 弟兄，以便我們可為你的孩童完成註冊手續。

請注意：一位孩童需要一份表格。孩童需年滿四歲。

The personal data collected is for communication purpose and the programs only. It will not be shared with any third party or used for any commercial activities or promotional purposes. 收集的個人資料，只供本教會作為聯絡閣下及活動用，不會與第三方分享或作任何商業活動和宣傳推廣之用。

A. Child's Detail 孩童資料：

Child's English Name: _____ 孩童中文姓名: _____

Address 地址: _____

DOB 出生日期: _____ Year 年級: _____

Name of GP 家庭醫生名字: _____ Tel No 電話號碼: _____

Address 地址: _____ Postcode 郵政編碼: _____

NHS No: _____

Date of last anti-tetanus injection 上次抗破傷風注射的日期: _____

B. Parent /Guardian's Detail 家長 / 監護人資料：

Parent /Guardian's English Name : _____ 家長 / 監護人中文姓名: _____

Mobile 手提電話: _____ Relationship with the child 與小孩的關係: _____

Address 地址 (if different from the child's 如果與孩童不同的地址):

_____ Postcode 郵政編碼: _____

I have Parental Responsibility for the above mentioned child

我是上述孩童的父母/監護人，對他有撫養責任

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility and also a letter from the child's parents which confirms they agree for you to take care of their child on their behalf while at LAC. 如果閣下不是孩童的父母且沒有撫養責任（例如，你是一個寄養照料者/祖父母等），請提供孩童父母的資料，並附上孩童父母的信，確認他們同意你來照顧他們的孩童。

Name(s) 姓名(中文及英文): _____ Tel no 電話號碼: _____

Address 地址: _____ Postcode 郵政編碼: _____

C. Additional Emergency Contact 緊急聯絡人:

Name 姓名: _____

Phone 電話: _____

D. Medication Details 醫療問題

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity

孩童常服之藥物資料, 醫療問題 (如哮喘, 癲癇, 糖尿病, 過敏症, 飲食需要等) 或殘疾, 以致可能影響正常的活動:

Does your child have allergies? 你的孩童有任何過敏症嗎? Yes / No 有/沒有

If yes, what are they allergic to? 如有, 是哪種過敏症? _____

What treatment is required if a reaction occurs? 如過敏症發作, 他需要什麼治療或藥物?

E. General Consent -同意書

I give permission for _____ (name of the child) to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the place of worship/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

1. All necessary information concerning the child's health, allergies, medication etc.
- 2.2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

(中文翻譯 Chinese Version)

我授權(孩童姓名)_____參加主日學的正常活動。我明白,如果主日學提供其他活動,將會有另一份授權表需要填寫。我亦明白,雖然教會/主日學導師們會為孩子們提供一定程度的照顧,但他們不必為我的孩子遭受的任何損失,損害或傷害承擔責任。

每當醫療諮詢或治療是必要時,導師們應尋求家庭醫生或醫院的急症室協助。1989年兒童法令允許:為了維護和促進兒童的福利,醫生可提供任何必要的治療。

但是,導師們需盡快聯繫及通知父母/照顧者有關情況。重要的是,在孩童參加,郊遊及其他活動前,事先向父母/看護者:孩童必須事先獲得父母/照顧者的同意才可參加:

1. 關於孩童健康資料,包括過敏,藥物等。
2. 書面同意如下:

我明白:

- 在活動前或活動期間,我的孩子將會根據指示接受藥物治療
- 如我的孩子生病或遭遇意外事故,導師們會盡快與我聯繫。
- 必要時,我的孩子將被給予醫療/牙科治療。

Communicating with children & young people 與孩童們聯繫

Children and young people communicate via telephone, mobile, email and the internet. Do you give permission for children/youth workers to communicate via these methods to your child?

現時,兒童和青少年通過電話、手機、電子郵件和互聯網通信。你同意主日學導師們通過以上的方法與你的孩子溝通嗎?

I give permission for my child and the youth/children's workers to communicate using telephone, mobile, email, or internet for the purpose of arranging children/youth activities.

我允許我的孩子和導師們透過電話,手機,電子郵件,或互聯網與他們聯繫有關教會/主日學的活動。

Parent/Guardian Signature 家長/監護人簽署: _____ Date 日期: _____