

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

基本资料及同意书表格

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.

请填写此注册表后，交给 Seabert 弟兄，以便我们可为你的孩童完成注册手续。

请注意：一位孩童需要一份表格。孩童需年满四岁。

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.

收集的资料，只供本教会作为名人及活动用，不会与个人分享或作任何商业和宣传推广之用。

A. Child's Detail 孩童资料：

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

Address 地址: _____

DOB 出生日期: _____ Year 年级: _____

Name of GP 家庭医生名字: _____ Tel No 电话号码: _____

Address 地址: _____ Postcode 邮政编码: _____

NHS No: _____

Date of last anti-tetanus injection 上次抗破伤风注射的日期: _____

B. Parent /Guardian's Detail 家长 / 监护人资料：

Parent /Guardian's English Name : _____ 家长/监护人中文姓名: _____

Mobile 手提电话 : _____ Relationship with the child 与小孩的关系: _____

Address 地址 (if different from the child's 如果与孩童地址不同):

_____ Postcode 邮政编码: _____

I have Parental Responsibility for the above mentioned child

我是上述孩童的家长/监护人，對他有合法抚养责任

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. 如果阁下不是孩童的父母且

没有抚养责任（例如，你是一个寄养照料者/祖父母等），请提供孩童父母的资料,并附上孩童父母的信,确认他们同意你来照顾他们的孩童。

Name(s) 姓名(中文及英文): _____ Tel no 电话号码: _____

Address 地址: _____ Postcode 邮政编码: _____

C. Additional Emergency Contact 紧急联络人:

Name 姓名: _____

Phone 电话: _____

D. Medication Details 医疗问题

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

孩童常服之药物资料, 医疗问题（如哮喘，癫痫，糖尿病，过敏症，饮食需要等）或残疾, 以致可能影响正常的活动：

Does your child have allergies? 你的孩童有任何过敏症吗? Yes / No 有/沒有

If yes, what are they allergic to? 如有，是哪种过敏症? _____

What treatment is required if a reaction occurs? 如过敏症发作，他需要什么治疗或药物？

E. General Consent - 同意书

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.

(中文翻译 Chinese Version)

我授权(孩童姓名)_____参加主日学的正常活动。我明白,如果主日学提供其他活动,将会有另一份授权表需要填写。我亦明白,虽然教会/主日学导师们会为孩子们提供一定程度的照顾,但他们不必为我的孩子遭受的任何损失,损害或伤害承担责任。

每当医疗咨询或治疗是必要时,导师们应寻求家庭医生或医院的急症室协助。1989年儿童法令允许:为了维护和促进儿童的福利,医生可提供任何必要的治疗。

但是,导师们需尽快联系及通知父母/照顾者有关情况。重要的是,在孩童参加,郊游及其他活动前,事先向父母/看护者:孩童必须事先获得父母/照顾者的同意才可参加:

1. 关于孩童健康资料,包括过敏,药物等。
2. 书面同意如下:

我明白:

- 在活动前或活动期间,我的孩子将会根据指示接受药物治疗
- 如我的孩子生病或遭遇意外事故,导师们会尽快与我联系。
- 必要时,我的孩子将被给予医疗/牙科治疗。

Communicating with children & young people 与孩童们联系

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?

现时,儿童和青少年通过电话、手机、电子邮件和互联网通信。你同意主日学导师们通过以上的方法与你的孩子沟通嗎?

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.

我允许我的孩子和导师们透过电话,手机,电子邮件,或互联网与他们联系有关教会/主日学的活动。

Parent/Guardian Signature 家长/监护人签署: _____ Date 日期: _____

