

**Spring University Conference,
Netherlands 2019
(Stichting Wederopbouwwerk Nederland)**

General Information and Consent Form for Children & Young People

Event: Spring University Conference, Netherlands 2019

Date of the event: 29-31 March, 2019

Address of event: De Hoof 18, 5712 LM Someren,
Netherlands

Full name of child/young person:

Date of Birth:

Address:

Parents'/ Caretakers' email:

Name of Doctor/Medical Practice/GP:

Tel No:

Address:

Insurer for medical expenses, i.e. travel insurance:

Insurance policy # for medical expenses:

WA/ NHS/ Insurance No:

Date of last anti-tetanus injection: _____

Details of any regular medication*(Please also indicate dosage, time and manner of administration):*

Disability which may affect normal activity:

Medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.):

Does the child have an allergy or an allergic reaction? () Yes () No

If yes, what kind of allergy or when does the allergic reaction occur?

Does the child have a special diet? () Yes () No

If yes, what kind of diet? *(For example as a result of a sickness, allergy, etc.)*

Name of parent/carer/guardian:

Your relation to the child:

Tel no: _____ **Eve:** _____ **Emergency number** _____

Additional contact (grandparent, etc., or other holding parental responsibility):

Your relation to the child:

Name: _____ **Tel no:** _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent) please give details of those with parental responsibility.

Name(s): _____ **Tel no:** _____

Address: _____

I give permission for the above child to take part in the normal activities of this conference. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the conference. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by Stichting Wederopbouwwerk Nederland (WOWN) and United Kingdom University Work (UKUW) 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.

By signing this document you automatically grant permission, if necessary, to consult a doctor for your child during the week of the camp. At the same time, you also declare through your signature that you are aware that the organization WOWN is not to be held responsible for medical costs for treatment provided by a doctor, costs associated with hospitalization, or for damage or loss to private possessions of the children.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.(please tick) YES NO

Photo/Video Release

A group photograph will be taken at the end of the conference which will be made available on the website, unistudents.eu. Additionally, we would like to take photographs and possibly video, of meetings, groups, and individuals to record the Spring University Conference. Some of these may be displayed on this website and on some social media sites. If you are happy for your child's picture to appear on this website, select Yes; otherwise, select No. At no time will your child's name be used in conjunction with these photos/videos.

There is no time limit to this release. This release only applies to photographic, audio or video recordings collected during the 2019 Spring University Conference and to the website unistudents.eu and unistudents.org.uk.

I have read and agreed to the Photography and Video Release YES NO

I also understand that this information may be kept by WOWN and UKUW.

Transport Release

WOWN and/or UKUW will offer a shuttle service to and from the conference venue to Eindhoven Airport and Helmond Train Station. Please indicate your permission for your child to use this shuttle service below.

This transport will be in a coach, minibus or car and the following principles will be adhered to:

- Transport will be provided in vehicles that are roadworthy.
- All drivers have held a full driving license for at least 2 years
- Seat belts will be worn at all times by all occupants of the vehicle.

I have read and agreed to the Transport Release

YES NO

Baptism Consent

Dear Parent or Guardian,

Every year at the Spring University Conference there is a baptism time, at which there is the opportunity for anyone to be baptised, should they have the desire and the Lord's leading.

There is no pressure on the young person, but there is fellowship explaining the significance of baptism.

Obviously, we need your agreement as parent or guardian, before we could baptise your child. Therefore, we would like you to indicate below whether or not you would agree for your child to be baptised should they wish.

I give my consent for my child to be baptised at the Truth School, should they have the desire YES NO

Signed (parent/or adult with parental responsibility) _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB This may not include a foster carer).