

**2025 University Training - UK & Ireland**

**(United Kingdom University Work)**

**General Information and Consent Form for Children & Young People**

**Event:** 2025 University Training - UK & Ireland

**Date of the event:** 5 - 10 September 2025

**Address of event:** Woodland Camp, Manor Road, Romford RM4 1NB

**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 United Kingdom University Work 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 travel to and return from the conference, as well as the during the conference itself. At the same time, you also declare through your signature that you are aware that the organization United Kingdom University Work 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 University Training (UT 2025). 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 UT 2025 and to the website unistudents.eu.

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

I also understand that this information may be kept by United Kingdom University Work.

### **Transport Release**

The United Kingdom University Work may provide some transport for the conference attendees.

This transport will be in a minibus or car and the following principles will be adhered to.

-- All drivers will be recruited under the guidelines recommended in the government publication 'Safe From Harm'.

- Transport will be provided in vehicles that are roadworthy i.e. MOT and appropriate insurance.
- All drivers are over 25 years of age and 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,

At the University Training there is an opportunity 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.

Should your child decide to be baptised, we need your agreement as parent or guardian in order to do that. We are asking you to indicate below whether or not you would agree for your child to be baptised.

I give my consent for my child to be baptised at UT 25, should they wish to.

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).