

Ignite Communications Form

The information on this form will be kept safely and only distributed to leaders of groups involved. This form allows King's Lynn Christian Fellowship vital medical information for our records along with permission for use of photos and communication.

Name of Young Person: _____

Date of birth: _____

Communication Methods

Please tick the boxes below to give permission for the particular item

I give permission for King's Lynn Christian Fellowship to contact my child by...

Text messages

Social Media (Facebook,
Instagram, WhatsApp, etc.)

E-mails

Please confirm that you give permission for photos and videos of your child to be used in...

Social media

KLCF website

Local press

KLCF publications/hand-outs

Contact Details (of young person) – fill in if applicable

Mobile Number: _____ E-mail: _____

Health Declaration

In the event of an emergency it is vital we have contact details for your son/daughter.

Any known allergies/disabilities: _____

Any other issues/information of which we should be aware: _____

Emergency Numbers

Name: _____ Number: _____

Name: _____ Number: _____

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

Signed (parent/guardian): _____ Printed: _____

Date: _____