



Consent Form for Activities

To be completed by legal parent or guardian.

Family contact details:

Child's full name..... Date of birth

Full name of parent/guardian.....

Home address.....
.....

If appropriate: young person's mobile

Family doctor:

About your child:

Does your child have any food allergies? (Please specify.).....

Does your child have any medical conditions? (Please specify.).....

Is s/he on any medication? (Please specify.).....

Does s/he have any special needs? (Please specify.).....

Is there anything else you would like us to know about your child?
.....

Do you consent to photographs/ videos to be taken for the sole purpose of being shown/ displayed on our Church Website, the Church Newsletter and on the Church Social Media etc.? Yes / No

Emergency contact details for parents/guardians:

Contact telephone number and name:

Alternative Contact telephone number and name:

We will retain the above information for as long as your child remains in our youth programme. Should any of the details change then please inform us prior to the next activity.

Declaration

I give permission for to attend and take part in our youth programme.

Signed (parent/guardian) **Date**