

CLIFTON PARISH CHURCHES YOUTHWORK

YOUTHWORK PARENTAL CONSENT FORM



This form gives consent for your child to attend any of the normal youth activities run by the Parish of Clifton. Examples of these include: groups and events held at the churches; making appropriate use of surrounding area e.g. recreation ground, local streets; organised trips to bowling, cinema, concerts, etc. In the interest of your child, it is important that you should sign this consent form and declare any known medical conditions and any medication that s/he may be receiving. This information will be stored securely and will only be available to the group leaders of the activities your child attends. – PLEASE USE BLOCK CAPITALS –

Child's name: _____ Date of birth: _____

Address: _____

Any known medical conditions: _____

Any medication which your child may need to take while attending: _____

Food allergies or special dietary requirements: _____

Has s/he been immunised against Tetanus within the last 5 years? Yes No

Family Doctor

Name: _____ Telephone Number: _____

Address: _____

Your contact details:

Names: _____ Relationship to child*: _____

Home: _____ Work: _____

Mobile: _____ Email: _____

Permission

General Permission

I give permission for the above named child to attend and take part in the normal activities as outlined in the first paragraph. I acknowledge the need for good behaviour on his/her part while attending the group and the need for him/her to take special note of any instruction given by the leaders. I also acknowledge that should my child leave the group unaccompanied or without permission during an activity session the group leaders or the PCC of the above named church cannot be held responsible for their safety.

I am satisfied that all reasonable care will be taken for the safety of the group members and that adequate staffing and other insurance and safety measures have been taken.

I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise the group leader or other Parish staff member to sign on my behalf any written form of consent required by medical authorities in an emergency.

Communications Permission

I give permission for the youth group leaders to contact my child regarding youth work activities and other appropriate subjects via: (Delete as Appropriate)

Email Yes / No

Text or call to this mobile number: _____ Yes / No

Other online devices i.e. Facebook, myspace, MSN messenger etc: Yes / No

Permission for use of Photographs

I give permission for appropriate photos of my child taken during youth groups / events to be displayed at the churches and on the church website. (Web photos will be low quality, group photos where possible and will not include more personal details than the first name of your child.)

Yes / No

Signed: _____ Date: _____

Name: _____

Relationship to the above child*: _____

(* This information is purely for the benefit of leaders when they contact you.)

Address if different from the child: _____

Please inform a group leader if any of the details on this form change.