

CONTACT DETAILS & INFORMATION			
Name of young person		Date of Birth	
School		School year	
Home address		Home phone	
		Parent's mobile	
		Other emergency contact number	
Parent's name			
Parent's e-mail			
MEDICAL INFORMATION			
Please provide details of any medical condition or disability, allergies, dietary needs, special needs:			
CONSENT			
Do you consent to photos being taken of your child for local display or publicity?			
Do you consent to un-named photos of your child being used on the church website?			
In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.			
I give permission for my child to take part in organised trips to activities off-site and to travel with a driver deemed responsible according to safeguarding guidelines.			
I give permission for recognised youth leaders to use electronic means of communication with my child (eg mobile phone, e-mail, facebook etc)			
Parent's signature:			
Date:			

Privacy Notice: The information you have provided will be kept securely and will not be disclosed to a third party without your agreement unless required by law or other regulatory authority.

Thank you for providing your consent. We keep people informed by invitation, letter or email of any relevant youth events we hold throughout the year. Please let us know if at any time you no longer wish to receive these alerts.