

CONTACT DETAILS & INFORMATION			
Name of young person		Date of Birth	
School		School year	
Young person email (Optional)		Young person phone (Optional)	
Home address:			
Parent's name			
Parent's email			
Parent's phone		Emergency contact phone	
MEDICAL INFORMATION			
Please provide details of any medical condition or disability, allergies, dietary needs or special needs, and any medicines required:			
CONSENT			
Do you consent to un-named photos being taken of your child for local display or publicity, including 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 or in a medical emergency.

Thank you for providing your consent. Do you wish to be kept informed by invitation, letter or email of any relevant youth-centred events we hold throughout the year? Yes ☐ No ☐

Please let us know if at any time you no longer wish to receive these alerts.