

ANNUAL PARENT/CARER CONSENT FORM 2017/18



77 The Strand, Worthing, BN12 6DR
Tel: 01903 700522
Email: jo.phillips@maybridge.org.uk

PLEASE COMPLETE BOTH SIDES OF THIS FORM & RETURN TO
JO PHILLIPS, YOUTH WORKER, MAYBRIDGE COMMUNITY CHURCH

YOUNG PERSON'S DETAILS	
Name:	Gender:
Date of Birth:	School/College:
Address:	
Mobile:	Email:

EMERGENCY CONTACT DETAILS	
Name:	Relationship to young person:
Mobile:	Email:
If unavailable, contact:	

MEDICAL DETAILS	
Name, address and telephone number of family Doctor:	
Please give any details of health problems, medical conditions, allergies or medication that they have, and how it might affect them:	
Have they received vaccination against Tetanus in the last 10 years?	YES / NO
Have they been given any specific medical advice to follow in emergencies?	YES / NO
Can a sticking plaster to be used on them when necessary?	YES / NO

CONSENT

As a part of the regular youth group programme for Shift/Amplify, your young person will be involved in a range of activities and communications. By ticking the following boxes and signing at the bottom, you are giving your consent for their involvement as mentioned. Young people will not be able to fully participate unless appropriate consents are given by their parents/carers. Special events, overnight activities or where there are additional considerations will have their own specific consent forms circulated.

As the young person's parent or carer, I give consent to the following:

Please tick

- Attendance at regular youth group nights (Belong and Grow sessions)
- Games, sports, cooking and similar activities within the church premises
- Walks, games and similar activities outside the church premises and around Worthing
- Travel in coaches, minibuses and leaders cars on youth events
- Contact being made to my young person via social media, text, email or similar as necessary by the youth leaders
- Meeting up with a member of the youth team for 1:1 chats (planned & in public places only)
- Being informed/contacted as a parent/carers required by letter, text, email, social media or similar as necessary by the youth leaders
- The young person is willing to receive church emails/texts in their own right (Amplify only)
- In the case of any accident, consent to any necessary medical treatment, including the use of mild analgesics such as paracetamol / ibuprofen
- Consent to photos/videos that include my young person to be used for publicity and promotion of the youth work

SIGNATURE BY PARENT / CARER

PRINT NAME:

DATE:

SIGNATURE:

Maybridge Community Church complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act. Youth work operates under a Safeguarding Policy (child protection) which is available from our website or on request. Copies of our social media/photo policy are also available on request from Jo Phillips, Youth Worker at the church office.