

Wing & Fuse Youth

Wednesday evening consent form



Your data is being collected on behalf of the Parochial Church Council of All Saints New Haw as Data Controller. The information below is necessary in order to register your child to participate in the activities provided throughout the year and to provide details of health and additional contacts should an emergency arise.

We will only share you data with the relevant parties, such as your Doctor or emergency services as required.

This data is updated annually so if you decide not to re-register we will only keep the minimum of data required as per our safeguarding policy.

Family contact details

Child's Full Name.....

D.O.B..... School year (Sep 18 - Jul 19).....

Home address.....

Parent/Guardian's Name and contact number during youth group

Full name of parent/ guardian:

Relationship to child:

Preferred contact number:

E-mail (for letters about youth):

Contact name and number for an alternative adult if not available:.....

Relationship to Child:

About your child

Details of any disabilities, conditions, allergies, special needs, dietary requirements or any other conditions that might affect this session:.....

Doctor's details:

Any medication currently being taken: (please state why)

Last Tetanus injection:.....

Travel Arrangements

My child will be brought and collected from the group Yes/No

S/he will be collected by
unless I make other arrangements, in person, with the group leader.

My child has my permission to travel to and from the group unaccompanied Yes/No

PLEASE SIGN THE DECLARATION ON THE NEXT PAGE

Declaration

I give permission for my child to attend the Wednesday evening youth group and take part in arranged activities.

I authorise the data controller to share appropriate information with relevant parties in case of emergency.

For publicity or activity purposes there are occasions when photographs or video footage are taken as an aspect of parish activity. Your data is being collected on behalf of the Parochial Church Council of All Saints New Haw as Data Controller and will only be used for this purpose. This form is to be used in compliance with, and alongside, the Diocesan Safeguarding Policy Procedures and Guidance.

I am satisfied that I have been given sufficient information regarding the activity, purpose, place of publication and storage for photographs/video images, as specified above.

I consent to images of my child, named above, being used and stored, solely for the purposes specified above.

I agree that my child may be identified by name *(this would only normally be necessary where the story included your child specifically, e.g. as a prize winner)*

OR

I do /do not wish the identity of my child to be protected in the publication of these images *(Please delete as applicable)*

I do / do not wish to have sight of the images prior to their publication *(Please delete as applicable)*

Signed (Parent/Guardian) Date