

PARENTAL CONSENT AND REGISTRATION FOR AN ACTIVITY/EVENT	
NATURE OF EVENT/ACTIVITY: events and groups run by Holy Rood Youth Ministry – including youth led masses, praise and worship evenings, youth groups (as publicised on the parish website: www.holyroodswindon.co.uk) during 2016/17	
Date(s):	Time(s):
<p>I agree to: _____ (insert name of young person) taking part in the above activity/event.</p> <p>Date of Birth: _____</p> <p>I agree to his/her participation in the activities described.</p> <p>I understand that group/activity photographs may be taken during the event, in line with the Church’s policy and I give my consent to this.</p> <p>I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/young people (attached).</p> <p>Signed: _____ Date: _____</p> <p>Full name (printed):</p>	
TRANSPORT ARRANGEMENTS	
Transport to/from the event or pick up point is the responsibility of the parents/carers.	
MEDICAL INFORMATION	
Please make us aware of any medical condition or regular medication. In the event of your child/ young person becoming ill or needing medical help we will get in touch with parents/ guardians immediately and / or call an ambulance, as appropriate.	
ALLERGIES/DIET	
<p>Does your child have any special dietary requirements? (e.g. Wheat, gluten, Dairy intolerant) YES/NO If yes please specify below:</p> <p>Does your child suffer from any Allergies?(e.g. nuts) YES/NO If yes please specify below:</p>	
FEARS /PHOBIAS	
<p>Does your child have any Fears or Phobias? YES/NO If yes please give details below:</p> <p>(This information will help the adult helpers to assist your child should any difficulties arise)</p>	
OTHER INFORMATION	
Please give any other relevant or helpful information or specific requirements that need to be known by the organiser. This will help the organisers to support your child. (e.g. mobility/additional needs.)	

--

To be retained for 6 years.

CONTACT INFORMATION

Name of parent/ guardian:

Home Address:

Home telephone number:

Mobile number:

Work telephone number:

Email address:

ALTERNATIVE EMERGENCY CONTACT

Name:

Address:

Home telephone number:

Mobile number:

Work telephone number:

Email address:

DECLARATION:

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Full name, in capitals please:

Signed:

Date:

To be retained for 6 years.

PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO AND SOCIAL NETWORKING
--

Holy Rood Church recognises the need to ensure the welfare and safety of all children and young people. In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.

Holy Rood Church will follow the guidance for the use of photographs, a copy of which is available from:

Holy Rood church will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Canon John Cunningham and Veronica Grey immediately.

PARENT/CARER TO COMPLETE:

I _____ (insert name of parent/carer) consent to the named parish/event photographing or videoing my child:

_____ (insert name of child/ young person)

I understand that these images will be displayed in the following circumstances: *Holy Rood Parish website or other documents publicising the church/ activities over the coming year* and I hereby agree to this.

and I hereby agree to this.

Signature: _____ Date: _____

CHILD/YOUNG PERSON TO COMPLETE:

_____ (insert name of child/ young person) consent to Holy Rood Church photographing or videoing my involvement in the following activity:

Holy Rood Youth Ministry events and groups such as youth led mass, praise and worship events, youth groups etc. as published on the parish website. I understand that these images will be displayed in the following circumstances:

Holy Rood Parish website or other documents publicising the church/ activities over the coming year.

and I hereby agree to this.

Signature: _____ Date: _____

To be retained for 6 years.