

PARENTAL CONSENT AND REGISTRATION FOR AN ACTIVITY/EVENT

NATURE OF EVENT/ACTIVITY: events run by Holy Rood Youth Ministry – including involvement with youth led masses, praise and worship evenings, church based theatre, youth groups, formation and catechetical programmes (as publicised on the parish website youth ministry page, www.holyroodswindon.co.uk) during 2016/17.

Please complete and return to the parish office.

I agree to: _____ (insert name of young person) taking part in the above activities/events.

Date of Birth: _____

I agree to his/her participation in the activities described above.

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.

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 available on the parish website.

Signed:

Date:

Full name of parent/ carer (printed):

TRANSPORT ARRANGEMENTS

Transport to/from an event or pick up point is the responsibility of the parents/carers. By signing this document, I agree to:

(Please circle as appropriate)

- collect my child/ young person, on time, at the end of the event: **yes/ no**, or
- that Holy Rood Youth Ministry leaders are authorised to release my child/ young person at the end of the event to make their own way home: **yes/ no**

MEDICAL INFORMATION

Please do 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

Does your child have any special dietary requirements? (e.g. Wheat, gluten, Dairy intolerant) **YES/NO**

If yes please specify below:

Does your child suffer from any Allergies?(e.g. nuts) **YES/NO**

If yes please specify below:

FEARS /PHOBIAS

Does your child have any Fears or Phobias? **YES/NO**

If yes please give details below:

(This information will help the adult helpers to assist your child should any difficulties arise)

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 the diocesan 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 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 parish priest, Canon John Cunningham, or acting parish safeguarding officer 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)

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: _____

CHILD/YOUNG PERSON TO COMPLETE:

I _____ (insert name of child/ young person) consent to

Holy Rood Church photographing or videoing my involvement in the following activity: (insert activity/brief detail):

Holy Rood Youth Ministry events – including involvement with youth led masses, praise and worship evenings, church based theatre, youth groups (as publicised on the parish website: www.holyroodswindon.co.uk) during 2016/17.

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: _____