**A parent/responsible adult must complete this form for children below school year 10; young people in year 10 and above may complete it themselves.**

We will take this form to be valid for 2 years unless you contact us to withdraw consent. Please let us know of any changes to contact or medical details during this period.

We will always have to contact parents/carers for specific consent before any external activities, however they will no longer have to complete a form like this on each occasion – simply confirm they are happy for the young person to attend.

|  |
| --- |
| Full name of child/young person:  Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Address:  Post Code: |

|  |  |
| --- | --- |
| Name of GP:  GP Telephone Number: | |
| Address:  Post Code: | |
| NHS No: | Date of last anti-tetanus injection: |

|  |
| --- |
| Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or special needs which may affect normal activity:  **FOOD ALLERGIES:** |

|  |  |  |
| --- | --- | --- |
| Name of parent/carer: | | |
| Day-time phone number | Evening phone number | Mobile phone number |
|  |  |  |

|  |
| --- |
| Additional contact (grandparent etc or other holding parental responsibility)  Name: |
| Tel no: |

|  |
| --- |
| If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility: |
| Name(s): |
| Telephone number: |
| Address:  Post Code: |

**Activity Consent:**

I do/ do not *(delete as appropriate)* give permission for my child to take part in the WBC Youth/Children’s activities, which may include local outings. While the leaders in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss or damage of personal property, or injury as a result of the activities.

**Medication and Medical Treatment Consent:**

I do/ do not *(delete as appropriate)* agree that:

* My child can receive medication as instructed by me before or during activities.
* My child can be given emergency medical/dental treatment as necessary.

**Consent to leave premises to walk home:**

I do/do not *(delete as appropriate)* give permission for my son/daughter to return home on his/her own at the end of sessions.

**Taking and Use of Images Consent:**

I do/ do not *(delete as appropriate)* give permission for images/video of my child to be taken during WBC activities and used with their permission on WBC’s communications (e.g. website/Facebook.)

WBC’s Safeguarding policy and other policies relating to our care of Young People are available on request

The information requested on this form can be completed by a carer, but only those with *parental responsibility* can sign the consent (NB This may not include a foster carer).

|  |
| --- |
| Signed:  *(parent or adult with parental responsibility)* |
| Print Name: |
| Relationship to child: |
| Date: |
| Parent Email Address: |

**GDPR: We are collecting this information to enable us to run our youth and children’s activities safely and ensure we can contact you (or another nominated adult) in case of an emergency. Data Protection legislation allows us to process this information as we regard it as being in the church’s *legitimate interest*. The information you supply will be held in paper form and also relevant data (e.g. Date of Birth & email address) entered into a spreadsheet. Only the Youth Leaders and safeguarding administrator will have access to this information. We will NOT pass on this information to anyone else. The information will be kept for 3 years from when the form was completed unless a safeguarding incident or concern is raised in which case it will be held for 75 years. Please keep us updated if any information you provide changes. For more information about how the church handles personal information please see our general Privacy Notice accessible from any page of our website.**