

Thames Street, OX10 8BH

01491 839904

www.wallingford.org.uk

Parental Consent and Medical Form for Events, Activities and Residential Trips for under 18’s Event: Satellites 2022

Venue: Peterborough –East of England Arena Date(s): 9th-14th August (Event finishes late on the 13th)

This form must be completed by a parent/guardian in order for the young person to participate in the event/activity. It should be signed and returned to Rhonda Sparrey.

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON

NAMED ABOVE THE YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

Full name of young person …………………………………………………………Date of birth…… /……. / .…. Address …………………………………………………………………………………………………………
………………………………………………………………………………………………………………………
Postcode: …………………………Tel no (of young person):……………………………………………………

The person to contact in case of emergency during this event is:

Name …………………………………Relationship to young person………………………………………… Address: ……………………………………………………………………………………………
……………………………………………………………Tel no(s): ..……………………………………………
Should the above not be available, please contact:

Name ………………………………………Relationship to young person: …………………………………..

Address: ………………………..……….…………………………………………………………………………

……………………………………………………………….Tel no(s): ……………………………………………..

Young person’s registered GP Name/Surgery:……………………………………………………….…………

Address ……………………………………………………………………………………………

…………………………………………………………………Tel no:……………………………….………

Please state date of last anti-tetanus injection (if known) …. / …. / ….

Does the young person suffer from any allergies? Yes / No

*(If yes, please give details)* …………………………………………………………………………

Does the young person have any medical conditions about which we should be aware? Yes / No *(If yes, please give details)* …………………………………………………………………………

Does the young person require medication? Yes / No

*(If yes, please give details)* …………………………………………………………………………

Unless indicated otherwise we expect that your YP will monitor and administer any medications themselves Does the young person have any disability about which we should be aware? Yes / No
*(If yes, please give details)* …………………………………………………………………………

Dietary requirements (please specify): …………………………………………………………………………………………

Taking and Use of Images Consent

To comply with the Data Protection Act 1998 we need your permission before any images of your young person are taken or used. Please answer these questions and sign and date the form below where indicated.

1. May your young person’s image be used on the web e.g. church website/church and youth group Facebook

accounts? YES/NO

2. May your young person be photographed and published on social media sites/Satellites website (photos by friends included)
 YES/NO

Declaration

• I give permission for …………………………………[insert name] to take part in the event named above.

• I consider my son/daughter to be medically fit to participate in the activities outlined.

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anesthetic.

I understand that while involved s/he will be under the control and care of the group leader(s) and/or other adults

approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Yes / No (please circle)

Signed …………………………………………….. Date …../…../…..

*I understand that in signing this agreement I have talked through the expectations of any young person attending Satellites.*