



Parental Consent Form

FOR ATTENDANCE AT CHURCH CHILDREN'S/YOUTH GROUPS

GROUP NAME(S)

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CHILD'S/YOUNG PERSON'S DETAILS

SURNAME DATE OF BIRTH

FIRST NAMES PREFERRED NAME

ADDRESS

.....

.....

TELEPHONE NUMBER

PERSON WITH PARENTAL RESPONSIBILITY

NAME

ADDRESS (if different)

.....

TELEPHONE NUMBER(day/eve)

MOBILE NUMBER.....

EMAIL ADDRESS (parent)

Please indicate if you wish to receive our weekly youth update (11-18yrs) by email

ALTERNATIVE CONTACT NAME

TELEPHONE NUMBER

Please give the name of any siblings and which group they are in:

Does your child have any food allergies or other dietary requirements? YES/NO

If YES please give details

Does your child have any medical conditions of which we should be aware? YES/NO

If YES please give details

.....

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If your child has medication that we may need to administer eg. an inhaler or epipen, please gives us full details and sign the consent form below to give us authorisation.

MEDICATION CONSENT

Condition/reason for drug	Name of medication	Dose

I give my consent for the medication named below to be administered to
if required during the church activities.

Signed(parent/guardian)

GENERAL CONSENT

I give permission for my son/daughterto take part in the normal activities of this (these) group(s).
I also give permission for my son/daughter to attend any non-Sunday groups and any children's or youth events hosted by the church.

Children (up to 11yrs): I understand that separate permission will be sought for off site activities.

Youth (11 to 18yrs): I understand that this form **also** gives permission for the young person to attend off site youth events organised by the church and held within St Albans.

Signed(parent/guardian)

DATE

PHOTOGRAPHIC IMAGES

During the course of our regular activities we may take photographs to be used both on the church website and in future event publicity. In order to publish an image of your child we need parental permission. All such photographs will be handled in accordance with our Child Protection Guidelines and we will NOT publish any names or personal information.

I grant permission for St Paul's to publish images of my child in St Paul's promotional publications, the church website and the church notice boards.

My child in an **individual** photo YES/NO

My child in a **group** photo YES/NO

Signed(parent/guardian)

If you do not give permission for your child's photo to be published, please make sure that your child is aware of this.

Please return this form as soon as possible to either your child's/young person's group leader or to Lesley in the office. If you have any questions please contact the office on 01727 846281 or email office@stpauls-stalbans.org

If there are any changes to the details on this form, please inform the group leader immediately. This form should be completed annually and will be retained in our records in accordance with our Child Protection Policy.