

**HOLY TRINITY SUNNINGDALE**  
**PARENTAL CONSENT FOR CHURCH ACTIVITIES INVOLVING CHILDREN 2015/16**

**Young Person's details**

Full Name .....

Address.....

.....  
.....

Mobile Telephone (young person) .....

E-mail address (young person) .....

Date of birth .....

School ..... School year .....

**About your child**

While your child is in our care it would be helpful for us to know whether he or she has any medical conditions or disabilities or suffers from any allergies or phobias.

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Details of any Medication (please ensure an adequate supply is brought to events, if it could be needed, and given to one of the leaders)

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Details of any dietary requirements/food allergies

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Family Doctor's name, address and telephone number

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Any other information you think the youth leaders should know about

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**Parent or guardian's name and contact details.**

Name.....

Address.....  
.....  
.....

Email.....

Phone Number ..... Mobile Number .....  
(During events) (During events)

**If parent or guardian is not available, please contact the following people (at least 2)**

1)Name ..... Relationship to child .....  
Phone Number ..... Mobile Number .....

2) Name .....Relationship to child .....  
Phone Number ..... Mobile Number .....

**Arrangements for collection**

My child will be brought and collected from the group Yes/No

My child has permission to travel to and from the group without me Yes/No

He/she will be collected by ..... Relationship to child.....

Name of anyone NOT allowed to collect my child.....

**Consent**

- 1. I give consent to my child taking part in group Sunday morning events during the service (this includes walking back to church at the end, group social events (this could include days away and coach/mini bus trips)
- 2. I agree to photographs and short videos of activities including my child to be taken for use with the church community and for possible publication, including newspaper or internet.
- 3. I agree to any emergency treatment to be given as considered necessary.

*NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist parental consent before treating a child. We have found; however, that medical staff find this type of general consent helpful.*

I recognize that circumstances/information changes and if it does, it is my responsibility as a parent/guardian to inform the Youth Leaders in writing so that changes can be made to the existing form or a new form completed.

Signed (parent/guardian) .....

Date .....