



Consent Form for Children/Youth Groups

CONFIDENTIAL

PLEASE READ CAREFULLY AND COMPLETE BOTH SIDES OF THIS FORM

About your child

Name: Gender (tick one): Male Female

Permanent address: Date of birth:

Age: School year:

City/Town: Postcode:

Medical information

NHS number: Doctor: Surgery telephone:

Surgery address:

Are all vaccinations up to date? (tick one) YES NO You can look up your surgery details at bit.ly/SouthamptonGPs

Please provide details of any medical conditions, allergies, special dietary requirements or additional needs (include details of any regular medication that your child takes):

About you, other parents or carers, and emergency contacts

Contact name 1: Relationship to child:

Email: Landline: Mobile:

Contact name 2: Relationship to child:

Email: Landline: Mobile:

Contact name 3: Relationship to child:

Email: Landline: Mobile:

Any siblings

Name: Age: Name: Age:

Name: Age: Name: Age:

Anything else that would be useful for us to know?

PLEASE TURN OVER

Behaviour and Responsibility

All leaders will treat children with love and respect, and they expect the same in return. Leaders expect children to behave acceptably (depending on age), and as they get older to take increasing responsibility for their actions and possessions.

Photographs and video

Photographs and video are sometimes taken during Above Bar Church activities. Images are used:

- to help children have good memories of church activities
- in videos or slideshows for use in church events (e.g. Sunday services)
- for publicity purposes, including on the church website and related social media

Above Bar Church is committed to safe practice when dealing with images of children. No names or any other personal information, which could enable identification of a child, are used. The use of images is subject to the Above Bar Church Photography Policy, Safeguarding Policy and relevant Individual Group Policies, which provide safeguards against misuse of the images. Images are securely stored and password-protected, subject to the legal requirements of the Data Protection Act (1998).

If you do not want photographs and video to be stored and used in this way, please complete a 'Photography Opt-out' form which you can download from the church website, or is available from the children's/youth leaders or the church office. It is not possible to opt out of only some uses of photographs and video because of the practical difficulties this causes for those using material in church publicity contexts.

Privacy

Above Bar Church will store the details on this form, subject to the legal requirements of the Data Protection Act (1998), for the purposes of promoting and enabling the activities for which the church exists, safeguarding, and facilitating emergency care. Above Bar Church will maintain the confidentiality of this information, and will never communicate it to people or organisations outside the scope of church activities (except in cases of medical emergency or when required by appropriate legal authorities).

Communicating with young people – ONLY COMPLETE FOR CHILDREN IN BOX/ROOTED

I consent to youth leaders communicating with my child (e.g. about group meeting times) via phone, SMS, email or social media, subject to Above Bar Church's Safeguarding Policy and the relevant Individual Group Policy (IGP). These forms of communication will be monitored by the Head of Youth Work.

Copies of the Safeguarding Policy and IGPs are available from the church website, church office or group leaders.

I give permission for youth leaders to communicate with my child using (tick all that apply):

Home phone: Mobile: Child's mobile number:

Social media: Email: Email address:

Your consent

I consent to my child joining in the normal activities of the Above Bar Church group(s) of which they are a part. (Additional permission may be required for certain activities. E.g. outings including adventurous activities.)

I consent to leaders giving my child medication as provided and instructed by me during an event. If, in an emergency, the contacts named above cannot be reached, I consent to my child receiving necessary medical or dental treatment (including anaesthetic) when medical staff believe that a delay would be inadvisable.

I consent to receiving email newsletters containing important information for parents, and understand that I may subsequently opt out of receiving them.

Signature of parent or guardian:

Date: