



## Consent Form for St Peter's Youth Activities

### Family contact details:

Full name of young person .....

Date of birth (dd/mm/yyyy): .....

Full name of parent / guardian:.....

Relationship to child: .....

Home address (including post code): .....

.....

Home tel no: .....

Parent/Guardian mobile: .....

Parent/Guardian email: .....

Family doctor: ..... Tel no: .....

School: .....

School year: .....

### About your child:

Does your child have any food allergies? (please specify) .....

.....

Does your child have any medical conditions? (please specify) .....

.....

Is s/he on any medication? (please specify) .....

.....

Does s/he have any special needs? (please specify) .....

.....  
Is there anything else you would like us to know about your child? .....

.....  
**Emergency contact details for parents/guardians:**

Contact tel. no. during group or activity time .....

Contact name for an alternative adult in case of emergencies: .....

Tel no: ..... Relationship to child .....

**Declaration**

- 1) I fully understand that St Peter's Youth will offer a variety of activities for young people in and around St Peter's Church including occasional offsite visits, outings or trips which I consent to my son/daughter/ward participating in.
- 2) I agree to my son/daughter/ward participating in these activities under adult supervision.
- 3) I give my permission for any emergency dental or medical treatment, which may be necessary as a result of accident or sudden illness.
- 4) I understand that the leaders or Church cannot necessarily be held liable for any loss damage or injury suffered by my child during or as a result of St Peter's Youth activities
- 5) I understand that occasional photographs may be taken of St Peter's Youth members including my child for internal publicity purposes.
- 6) I consent to my child being contacted by email/ telephone / social media by St Peter's Youth leaders to advise them of St Peter's Youth events.
- 7) I consent to my child being transported by St Peter's Youth Leaders as necessary for group activities. I understand that all transport will be in compliance with the St Peter's PCC Transport Policy (part of the Safeguarding Policy)

I give permission for .....to attend

St Peter's Youth groups and take part in the specified activities.

**Signed (parent/guardian)** .....

Date: .....

*Please return this form to St. Peter's Church Parish Office, Chaddisbrook House, Reading Road, Yateley, GU46 7LR.*