

ANNUAL CONSENT FORM (SEPTEMBER 2018 - DECEMBER 2019)

Event/Group: UV (Valley Youth)

Persons in Charge: Jack Pemberton, Claire Pemberton

To be completed by Parent/Person with parental responsibilities of under 18s.

Youth's Name: _____ Date of Birth: _____

Address: _____

Contact No. _____ (We may contact youth directly once we have obtained initial permission from their parent/guardian. We will only contact them to update/remind them of Valley Youth events, or of Church Service information, and only for as long as they wish us to. By including their personal contact number above, you are giving your consent for us to contact your child directly.)

Parent/Guardian (we will use these contact details in case of emergency):

Name: _____

Telephone No. (Home) _____ (Work) _____

Name of Youth's GP: Address of Youth's GP:

Does your child have any medical conditions that we should be aware of? If YES, please provide details:

Does your child suffer from any other condition requiring medical treatment or medication? If YES, please provide details:

Does your child have any allergies? If YES, please provide details:

Has your child been immunised against tetanus? YES/NO date:

Is your child taking any other medications? if YES, please provide details:
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It is the responsibility of parents/guardians to ensure their child brings any medications they may need during Valley Youth events (e.g. inhalers) and to inform leaders that they have this medication on them.

Declaration of Consent:

I give permission for my child to take part in the normal activities of this group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership but that they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I consent to my child taking part in Valley Youth activities and declare my child to be in good health and physically able to participate in all activities on or around our site. For off site visits I understand that they are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser. I also understand that any extension of insurance cover is my responsibility. I understand that I am responsible for my child getting to the Valley Youth Event and then home safely afterwards. I understand that this medical form will cover all Valley Youth events both on site and off site, and that it is my responsibility to inform the Valley Youth leaders should any information on this form change and need updating within the next fifteen months.

I am happy for my child to be contacted by workers who have pastoral responsibility for my child, including via social media and email, within the guidelines set by the leadership.

YES/NO

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic:

YES/NO

I am happy for photographs or videos of the children/young people to be taken for use in church services and for subsequent publicity (printed and online).

YES/NO

Signed (parent/or adult with parental responsibility): _____

Date: _____