Parent/Guardian Consent Form

For annual permission to attend a regular group

DIOCESE OF YORK PARISH / BENEFICE CHILD PROTECTION POLICY

Part A (to be completed by the group leader)

Name of group/organisation	Laser
Name of Church	Riverside Church (Parish of St John Newland)
Where the group normally meets	Riverside Community Centre (Parkstone Road) & Parkstone Primary School
Name of group leader	Tom Hutton
Contact telephone number	854526 (Rev. Malcolm Peters)
Brief description of activities	Bible Story, Games, Activities & Refreshments

Part B (to be completed by a Parent or Legal Guardian of under 18's)

NB The information part can be completed by a carer. (such as Foster Carer) **ONLY** those with legal parental responsibility can sign the consent

Child's full name_____ Date of birth _____

Normal Address_____

_____ Tel: _____

- **Medical Details:** Is your child taking any regular medication or have a medical problem (e.g. asthma, epilepsy, diabetes, any allergies,dietary needs etc) or disability, which may affect normal activity?

_____

_____

- Please state date of last anti-tetanus injection if known: / /
- If you do not have parental responsibility (e.g. foster carer / grandparent etc) please give details of those with parental responsibility:

Names _____

Address _____

Tel No _____

- ***I give permission for my child to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities away from the normal meeting place. I recognise that while involved he/she will be under the control and care of the group leaders approved by the church PCC and that while those in charge will take all reasonable care, they cannot necessarily be held responsible for any loss, damage, or injury suffered by my child during, or as a result of the activity.***

In an emergency and or I am not contactable, I am willing for my child to receive necessary hospital treatment including an anaesthetic. **YES / NO** Penicillin **YES / NO**

Signed (parent or adult with parental responsibility) _____

Part C (to be completed by a Parent or Legal Guardian of under 18's)

I give permission for photographs/video of my son / daughter to be taken as part of Laser's activities and used for legitimate purposes relating to the group or the parish of St John Newland (e.g. Displays and publicity).

YES / NO Signed (parent or adult with parental responsibility) _____

I give permission for my son / daughter to be in a group photograph of Laser that will appear on the St John's church website.

YES / NO Signed (parent or adult with parental responsibility) _____