Parent/Guardian Consent Form

For annual permission to attend a regular group

DIOCESE OF YORK PARISH / BENEFICE CHILD PROTECTION POLICY

Name of group/organisation	Pathfinders
Name of Church	St John Newland
Where the group normally meets	St John Newland church or hall (Clough Road) or The Newland Christian Centre (552 Beverley Road)
Name of group leader	Dave Eaves
Contact telephone number	805376 (home)
Brief description of activities	Games & Activities, Socialising and Bible Discussion

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)

1) I give permission for the Pathfinder leaders to have and use my childs mobile phone number / email address to assist in contacting them regarding activities relating to the Pathfinder group.

Mobile phone number **YES / NO** Email address **YES / NO**

If permission given, please fill in the details below:-

Mobile No: _____ Email address_____

I give permission for photographs/video of my son / daughter to be taken as part of Pathfinder 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 Pathfinders that will appear on the St John's website.

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