

Consent form for Youth Conference and Children's Activities

This form is required for children to take part in the children's sessions at Conference or youth to attend Youth Conference. Please complete and return to the relevant Conference organiser as instructed.

When in our care, the children/youth will be supervised by leaders who meet the Disclosure and Barring requirements (DBS, formerly known as CRB).

Name of child / young person:

Date of birth:

Address:

Who has parental responsibility for the child / young person?

Name of Parent / Guardian:

Address (if different to above)

Contact number:

Emergency contact details (this should be the person who would be able to respond in the case of an emergency)

Name:

Contact number:

Relationship to child:

Address:

Medical details

Doctor's Name:

Doctor's Phone Number:

Doctor's Address:

Date if known of last tetanus injection if known:

Any known medical conditions or disability:

Food or other allergies or special requirements:

Details of any medication they are currently taking

(Please indicate if you wish us to look after the medicine and/or administer it):

Parent/carer authorisation (please fill in relevant section):

Photography:

I give permission/I don't give permission for my child/young person (*cross out as relevant*) to be videoed or have their photo or video footage taken for feedback sessions at Conference or in the case of photos for use in Conference and Youth Conference publicity. Youth Conference photos may also be posted on their Facebook page.

For children's activities:

I give permission for to take part in the normal activities of this group. I understand that children's activities may take place in the grounds of High Leigh and that for any proposed activities beyond this separate permission will be sought.

I understand that the care of the child is my responsibility outside of the arranged children's activities and I will collect my child from them promptly at their end.

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic.

For Youth Conference:

I give permission for to take part in the normal activities of this group. I understand that Youth Conference activities may include activities outside of High Leigh and its grounds or the church where it is based, but that the Youth will be supervised by the Youth Conference committee on these occasions. In between sessions the youth are to remain at the Conference site and will not be directly supervised although leaders will be on site all the time should they be needed.

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic.

Signature of parent/guardian (or adult with parental responsibility):

Date: