

Aldridge Youth Fellowship - Parental Consent Form

Aldridge Youth Fellowship complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

SECTION 1 – this data will help us to contact you should we need to and provide the best possible care for your son/daughter during our normal AYF meetings and activities.

Please complete ALL sections. Thank you

Name of teenager:	Male/ Female	Date of Birth:
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Address:	
Post Code:	Home Number:
YFers email address:	YFers mobile number:
School attended:	Year group:

Name of family doctor:	
Address:	
Post Code:	Tel Number:

Name(s) of parent(s) or other adult(s) who have parental responsibility for the teenager:	
1.	Mobile number:
2.	Mobile number:
email address:	
If the teenager does not live with the parent(s) or other adult(s) with parental responsibility, with whom do they live?	
Name:	Relationship with the teenager:
Contact number:	email:

<p>Please give details of any health problems, medical conditions or allergies affecting your son/daughter, any medication that they are taking or any disabilities he/she has that may affect normal activity:</p> <p>Within the leadership team there are qualified first aiders; should be need arise I give consent for minor first aid treatment to be administered (e.g. dressings, antiseptic cream, paracetamol, cough mixture etc) YES / NO (delete as necessary)</p>
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Continued overleaf...

Signature:

Parent or other adult with parental responsibility

Date:

Note: All reasonable efforts will be made to contact parents in the event of an emergency but should emergency treatment be necessary, the medical profession takes the view that the parents/carers' consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, the medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms as required by medical authorities.

SECTION 2 – to be read and signed only by a parent or other adult with parental responsibility.

I give permission for my son/daughter to take part in the normal weekly activities of AYF, which occur in Aldridge Church Centre or on occasion in Aldridge Parish Church or the playing fields of Cooper and Jordan School (to the rear of the church centre). **I also give permission for my son/daughter to attend non-residential trips, which may be arranged from time to time such as those described in the note below and listed on the current activity programme at www.aldridgeyouthfellowship.co.uk.** I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot be held responsible for any loss or damage to property. I give permission for AYF to process the personal data given on this form for use in relation to my son/daughter attending the normal weekly activities of AYF and other activities, which may be arranged from time to time.

I consent to any emergency medical treatment necessary and authorise the group leader(s) to sign on my behalf any written form of consent required by medical authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my son/daughter's health or safety.

Typical non-residential trips, which may involve transport on private hire vehicles e.g. coach / minibus or in leaders' vehicles.

Walk on Cannock Chase / Sutton Park
Ice-skating / Bowling
Youth Events at other churches / venues
Soft Play Activity Centre

Notifications of forthcoming activities and events not taking place at the Aldridge Church Centre, in Aldridge Parish Church or Cooper & Jordan School playing fields will be provided in advance and our weekly activity programme is advertised on our website. You can inform AYF leaders if you do not wish your son or daughter to take part in a particular trip

All residential trips will be subject to a separate consent form, which will be issued as required.

Signature:

Parent or other adult with parental responsibility

Date:

From time to time we may like to use photographs and/or videos of young people taking part in AYF activities in publicity for AYF or Aldridge Parish Church (APC), this may include use in publicity, publications, promotional/training videos and websites produced by AYF or APC. No personal details, such as names, appear with photographs or videos unless we obtain specific parental permission first.

I **DO/DO NOT** (please delete as appropriate) consent to photographs/videos of my son/daughter being used within AYF / APC for the purposes mentioned above. I understand that their name or other personal information will not be used unless my permission is obtained first.

Signature:

Parent or other adult with parental responsibility

Date: