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| **Euxton Parish Church** | **Youth Group – Health and Consent Form**  Usual location: Church Community Centre  **6.30 – 8pm.** | | |
| Name | |  |
| Date of Birth | |  |
| Address  including postcode | |  |
| School | |  |
| School year | |  |
| Dietary requirements and any mobility/additional needs or requirements | |  |
| Medical conditions/needs  e.g. allergies, phobias, medication | |  |
| Doctor’s name  Address  Telephone number | |  |
| Parent/guardian’s name: | |  |
| Parent/guardian’s contact email address: | |  |
| Parent/guardian’s telephone number: | |  |
| Additional emergency contact name  and number | |  |
| **Photography and Video**  We may sometimes wish to take photographs or video recordings of Youth Group, for inclusion in promotional material such as flyers, webpages and on social media and YouTube.  We need to ask your consent before we record any images of your child. In view of this, please read and complete the statements below **(please tick ALL boxes where you grant consent):**  🞏 We may record your child’s image in photographs and videos  🞏 We may use your child’s photograph or video on our websites for information and promotional purposes  🞏 We may use your child’s photograph or video in publications we produce for promotional purposes  🞏 Your child’s image may appear in the media including social media  🞏 Your child’s first name may appear with the image in the media | | |
| Who will regularly collect your child from youth group | |  |
| Is there anything else it would be helpful for us to know | |  |

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| **Parent / Guardian’s consent (for participants under 18yrs of age) – Please delete any point you do not consent to:**   * I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in Euxton Parish Church Youth Group * I will let Anne Howard/Amy Bland know if someone different is picking up my child/ward. * I agree to any emergency treatment to be given as considered necessary by the medical authorities if I cannot be contacted. * I agree for this data to be stored securely by Euxton Parish Church and shared with youth group leaders as appropriate.   **NB** The medical profession takes the view that a parent’s consent to treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. However we have found that medical staff find this type of general consent helpful.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return this form to Rev. Amy Bland at church or by post

If you have any questions, you can contact Amy and Anne on [Euxton.youth@gmail.com](mailto:Euxton.youth@gmail.com), or ring Amy on 07721 887924