

UNDER 16's CONSENT FORM

In the interest of your child, it is important that you read and sign this consent form, indicating your permissions in the appropriate boxes. Prior to filling in this form please read through the welcome letter you received from your activity or group leader which will clarify details about the group or activity and the need for your consent outlined here.

Name of child / young person D.O.B / /

Home Address

Any known medical conditions, food allergies, special dietary requirements or other information that will help us look after your child safely.

Your Details: Name of Parent(s) / Guardian(s)

Name Home Phone

Mobile Email

Alternative Emergency Contact Details

Name Phone

Relationship

Family Doctor:

Name

Address

Telephone

Please tick as appropriate

- I have read the information above and give permission for my child to take part in the normal activities of this group, as outlined in the welcome letter. I understand that leaders will take all reasonable care in supporting and looking after those attending but cannot necessarily be held responsible for any loss, damage or injury incurred during the group time.
- I also give my consent to any medical or dental treatment (including an anesthetic) that may be necessary in event of an emergency and /or if I am not contactable.
- I am happy to receive information updating me on Ashcroft's activities and events via email, recognizing I can unsubscribe at any time.
- I give my consent for photos and videos to be taken of my child, and myself if I am in attendance, during the time at Ashcroft's group and activities. I grant full rights to Ashcroft Church to use the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in printed and online publicity, social media, press releases and funding applications. I understand that at no point will individuals in photographs be identified by name unless additional consent is sought and received. *(Please note these will only be taken by a clearly identified DBS certified leader)*
- I give permission for all the personal information provided here to be held securely by in electronic form, in line with Ashcroft's data protection policy.

Signature of parent/guardian

Printed name

Date

In addition to the consent given here, separate permission will be sought for certain activities, including trips, outings and special events.

The information provided here will only be used by Ashcroft Church, and Groups it runs, and will not be provided to any third party. Ashcroft will not keep personal information longer than necessary. Consent information is reviewed annually and any information no longer needed will be securely disposed of if no longer relevant.

You can rescind permissions given here in part or whole, or unsubscribe from any mailings, at any time by emailing office@ashcroftchurch.org.uk.