**Youth Information & Consent Form**

Please complete ALL sections below and email to **youth@ashteadparish.org** - all information will be stored [in accordance with the Parish Privacy Statement](https://www.sgsgashtead.com/Articles/525955/APCC_Privacy_Statement.aspx). Separate form for residential / high risk activities.

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| **Young Person's Information** |
| Name |  CHILD’S name |
| Child’s Mobile |  CHILD’S mobile | Date of Birth | Enter Date of Birth |
| School |  School name or home school | Current Year | Year Group |
| Medical Conditions, Allergies, Dietary or Special Needs |  Click here to give details. Provide a separate sheet or medical plan if necessary |
| Has your child been | dedicated/baptised as infant, baptised as teen, or baptised & confirmed |
|  |
| **Parent/Carer Information** |
| Contact Name |  Click here to enter text. |
| Relationship | Click here to enter text. |  |
| Addressinc Postcode |  Click here to enter text. | Home Phone |  Home phone |
| Mobile No |  Mobile phone |
| Parent Email |  Best email contact for a parent |
|   |
| **Emergency Contact** Please supply an alternative contact (NOT a spouse at the same address) |
| Name | Click here to enter text. |
| Contact No. |  Click here to enter text. | Relationship |  Click here to enter text. |
|  |
| **Permission** If you cannot answer yes to the first two statements, please speak to Sean |
| I give consent for my child to take part in normal activities organised by the youth team, including life groups, socials, and activities in the local area. | Yes or No |
| I give consent for Ashtead PCC to store this data and to communicate with PARENT/CARER and emergency contact in accordance with GDPR. | Yes or No |
| I give consent for Ashtead PCC to communicate with CHILD in accordance with safeguarding policies of the Diocese of Guildford and GDPR. | Yes or No |
| If I cannot be contacted, I give consent for any emergency medical treatments considered necessary by the medical authorities to be given to my child. | Yes or No |
| I give consent for photos/videos taken at activities to be used in print and online to promote youth activities. | Yes or No |
| I give consent for my child to take part in swimming or other water sports, and confirm that they can swim 25m unaided. | Yes or No |
| Signed (parent):Type or write name | Signed (child if 13+):Type or write name | Date:Today’s date. |

*Office use only - entered into database on (Date): by (Name):*