**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. | | | |  | | | | |
| Address  inc 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):*