



St. John's Community Church



St. John's Community Church
Church of England,
Diocese of Lichfield,
Parish of;
Chase Terrace and Boney Hay

Parental Consent Form 2017-2018

All information written on this form will be held in strictest confidence. The leaders need to know these details, in order to be able to meet your child's specific needs.

You will be given this form the first time your young person attends YPC. This form must be completed each year to keep our records up to date.

To help with the smooth running of YPC a leader may need to get in contact with you. This would be to give reminders, changes or information about what is happening at 'YPC'. For this reason we ask for you to fill in your mobile number.

Full name:

Date of Birth: / /

Address:

Postcode:

Mobile Number: (To be used regarding YPC notifications)

Details of any known medical conditions:

Food allergies or specific dietary requirements:

Any other needs or requirements that may be helpful for the leaders to know about.

Your Contact Details:

Name:

Relationship to YP:

Home phone number: (including dialling code)

Mobile Number:

Email:

Are you happy to receive information about YPC and Church events by E-mail? Yes / No

Additional Contact Details (if the above contact is not available)

Name:

Relationship to YP:

Home number:

Mobile number:



Doctor's Information:

Name:

Address:

Phone Number:

Use of Photographs and Media

During YPC we may take photographs and video for use on our website and for publicity. Are you happy to for your young persons photograph or video to be used in this way? YES / NO

Consent

I give consent for my young person to take part in the normal activities of YPC at St John's Community Church.

The normal activities of YPC will include activities and discussions on the premises of St John's Community Church. During warm weather, we may take the young people to the park next to the church, are you happy for us to do this? YES / NO

In the unlikely event of illness or accident, I give my permission for medical treatment to be administered, where considered necessary, by the nominated first aider of the club, or by a suitably qualified medical practitioner. Should my young person require emergency treatment, I authorise a leader to sign, on my behalf, any written form of consent required by the medical authorities. I understand that every effort will be made to contact me as soon as possible.

Signed _____ Date / /

Please print name

Please complete this form and give it to a YPC Leader. Thank you

Contacts

St John's Community Church, Chase Terrace, Burntwood, Staffordshire, WS7 1LR

Parish Office **01543 670078**

Email jay@stjohnscommunitychurch.org.uk

Website www.stjohnscommunitychurch.org.uk

YPC Leaders:

YPC#1 - Lottie backhouse: 07791876655

YPC#2 - Kay Gascoigne: 07711064053

YPC#3 - Jay Gascoigne: 07977462942

