

StPA Youth Group Parental/Guardian Consent



I hereby give consent for my child to attend StPA Youth Group (Midweek)
At St Peter's Church on Wednesdays 7:00 - 8:30pm
Led by: Tamara Zimmerman and her DBS-approved team

Contact Details: (Please write in BLOCK CAPITALS)

Name: _____

Young Person's Name: _____ Date of Birth ___/___/___

Relationship to Young Person: _____

Your Mobile No.: _____ Young Person's Mobile No.: _____

Address: _____

Postcode: _____

Parent Email: _____

Please tell us anything we should know about? (i.e. medical conditions, disabilities, food allergies):

Medical Waiver: If your child is involved in an injury you consent to your child receiving medical attention. You consent to the administration of basic first aid, paracetamol or ibuprofen. In the rare case that the injury may need further medical attention from ambulance and hospital staff, you consent to this action being taken, including the use of emergency medical procedures where deemed necessary by medical professionals. In the event of this happening, we will contact the parent/guardian immediately.

I give my consent: **YES / NO**

Photographs: We may on occasions take photographs for communication purposes for our WhatsApp Groups, or church website, or other Social Media / Church Communications. We require your permission to do this. I give my consent: **YES / NO**

Communications: We would like to add you to a WhatsApp Parents Group for the purposes of communication about the Youth Group: I give my consent **YES / NO**

We would like to add your child/children to a 'StPA Youth Group' WhatsApp Group for the purposes of communication / encouragement. I give my consent **YES / NO** (Only StPA-approved Youth leaders will administrate this group. All StPA WhatsApp Groups are subject to our StPA Social Media Policy & Code Of Conduct. See StPA website for Policy)

Behaviour: I understand that I will be asked to collect my child if behaviour is unacceptable, disrespectful, harmful, or dangerous. I understand: **YES / NO**

General Data Protection: Any personal information given to us will be held safely and in confidence, in accordance with the **General Data Protection Regulations 2018**. It will be used only for the purposes of informing you of church & youth info, and only while your child is involved in StPA youth activities.

Parental/Guardian Consent for all the above:

I give permission for _____ to attend Youth Group at StPA.

Signature: _____ Print Name: _____ Date: _____

If you wish to discuss this further before signing, please contact:

Tamara Zimmerman • StPA Youth Group Leader / Deanery Pioneer Youth Minister • 07872 685453