**Annual Consent Form** ***for church children’s and youth groups***

**YEAR/DATES:**

Name of Church/Parish:

Name of Group:

Normal venue:

Normal meeting day and times:

Name of leader:

Contact details of leader:

***NOTE: Parent/carer should retain a copy of the information in this section***

1. **ABOUT YOU**

Name: Preferred name (*if different*):

Date of birth: School:

1. **PARENT/CARER’S DETAILS**

Name:

Address:

Telephone number: Alternative number:

Email:

1. **EMERGENCY CONTACT DETAILS (person to contact if parent/carer above is not available)**

Name: Relationship:

Address:

Main telephone number: Alternative telephone number:

1. **PERMISSIONS**
2. What is the normal arrangement for dropping off and collecting your child from the group?

Dropping off: Collecting:

1. I am happy for photos/videos to be taken of my child during normal group activities for use within publicity and communications (including website or social media) **YES/NO (please delete one)**
2. I am happy for my child to take part in trips and visits as part of the programme of activities. Details about such activities will be provided on each occasion. A separate consent form will be requested for activities lasting more than half a day or for hazardous activities. **YES/NO (please delete one)**
3. I am happy for my child to take part in video conferencing (e.g. Zoom). This will be done in accordance with Church of England guidance. **YES/ NO (please delete one)**
4. I am happy for my child to be given first aid or urgent medical treatment during any trip or activity. **YES/NO (please delete one)**

**6. AGREEMENT OF YOUNG PERSON DURING PANDEMIC**

I agree to doing all I can to keep others and myself safe from infection, including social distancing, regular hand washing / use of hand sanitiser and following the instructions of leaders regarding these regulations and practices.

Signature: Date:

**5. MEDICAL CONDITIONS AND FURTHER INFORMATION**

*(Please attach additional information to this form if needed)*

Details of any **allergies** or **medical conditions**

Details of any **dietary requirements**, **disabilities** or **additional needs** that might affect your child’s participation

Is there any additional information that we need to be aware of?

**7. SIGNATURE OF PARENT/CARER**

Signature: Date:

***Please note that it is the parent/carer’s responsibility to inform the group leader of any changes to the above information, particularly in regard to contact details and medical information. All information provided on this form will be stored securely in line with the General Data Protection Regulation 2018.***