



YOUTH CONSENT FORM - 1. Child's Details

Child's full name _____
Name known as _____
Date of birth _____ Age at Event _____
School Year _____ (dd/mm/yyyy) Gender _____
Address _____
Postcode _____
Parish _____ Parish No. _____

2. Child's Medical Information

Does your child have any **allergies** (e.g. food, pollen, etc.) or any other **medical conditions** we should be aware of (e.g. Asthma, epilepsy, ADHD). If so please give details below and any requirements your child may have whilst at The Journey e.g. may need to take inhaler.

Does your child have any special dietary needs?

Vegetarian Vegan Lactose Intolerant Coeliac Diabetic

Other _____

Does your child have any additional needs or disability? Yes No

What special support will he / she require during The Journey?

Is there anything we should be aware of for your child as they participate in the pilgrimage(3miles)?
e.g. may need to take inhaler, please give details below Yes No

What other information is important for us to know about your child?

3. Media and electronic communications.

The Diocese of Chester may take photographs / videos at the Thy Kingdom Come Events, which may include your child. They may be used to publicise further events or in Diocese Publications. Any pictures or videos taken will be used sensitively and in compliance with our Safeguarding Policy, which is available to read at <https://www.churchofengland.org/more/safeguarding#na>

Do you give **permission for your child to appear in these photographs / videos** and for these to be **used by the Diocese of Chester** for its:

Printed literature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Emailed literature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Websites*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Social media*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*Please note that online material can be viewed throughout the world and not just in the UK where UK law applies.

4. Parent / Carer Details

Name _____ Relationship to child _____
Home phone _____ Mobile _____
Email _____

Does this adult have parent/carer responsibility? Yes No

5. Emergency contact details

The details provided above will be used as the first emergency contact, however, please provide a second emergency contact (over 18) in case we are unable to contact the above person.

Name _____ Relationship to child _____
Home phone _____ Mobile _____

Does this adult have parent/carer responsibility? Yes No

6. Declaration and Consent

I give permission for the child named on this form to take part in The Journey 18th-20th May 2018. I understand that that while involved he / she will be under the supervision and care of the sending church group leader, and / other DBS checked adults. While the leaders in charge of the event will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by him / her during or as a result of the event. I understand that the information given will be used by the Diocese of Chester and my /my child's church.

I confirm that by signing this form I am submitting full and accurate information and giving permission for my child to take part in the activities of The Journey 18th - 20th May 2018.

I give **permission** for my child to receive **first aid, should (s)he require it** Yes No

In an emergency and / or if I am not contactable, **I am willing for him / her** to receive necessary hospital or dental treatment including an anaesthetic. Yes No

I **would like** to be contacted about more events run by the Diocese of Chester:

Under 5 **Children** **Youth** **Young adult** **Adult**

Signed _____ Date _____ (dd/mm/yyyy)

Name of Parent/Carer (block capitals please) _____

