

YOUTH PARENTAL CONSENT

Youth Details

Name: _____

Age: _____ D.O.B. _____ Current School year: _____

Address: _____

Email Address (parent): _____

We would love to send you emails with details of events/activities which are specific to the age group your child is in. Would you be happy to receive this information by email? Yes () No () please tick as appropriate

Health and Safety

(All information is confidential and should be as detailed as possible.)

GP Name: _____ Practice: _____ Telephone Number: _____

Does he/she suffer from any medical conditions? YES / NO

Is YES please give details _____

Does he/she suffer from any allergies (including food intolerance)? YES/NO

If YES please list and detail any related medicines or inhalers used _____

Is he/she taking any medication / treatment? YES/NO

Please Detail _____

(Please make sure participant has sufficient medication with them)

Are there any specific needs, requirements or directions that would be helpful for the leaders to know?

We will be adhering to the Government Guidelines on social distancing and other regulations throughout these activities and have completed all relevant risk assessments and protocols to ensure these activities are as safe as possible. To enable us to maintain these guidelines, we will have a limited number of spaces for each activity which will be given on a first-come, first-serve basis. If your child or anyone in your household is showing any symptoms of Covid-19, please do not allow them to attend. All young people must have a permission form for the year ahead completed by their parent/carer. Additional forms/ Covid-19 policy are available via church office.

Emergency Contact 1:

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

Emergency Contact 2:

Name: _____

Address: _____

Relationship to Child: _____

Contact Number: _____

By ticking this box you are confirming that your emergency contacts are aware their details will be held by BCV. These details will only be used in emergency situations and will be stored safely and confidentially.

Data Consent

During the time your child spends in Belfast City Vineyard Children's/ youth ministry, photographs may be taken for general church and promotional purposes, including internal and external publication such as the BCV website/ social media accounts. Do we have your permission for photographs to be taken and used as indicated by the leaders?

Yes () No () please tick as appropriate

To help with communicate important details about BCV youth we use "Telegram" App to communicate with young people. Do we have your permission to contact your son/daughter via this method?

Yes () No () please tick as appropriate

Signed _____ Date _____

Only complete this section if your child is aged 13 and over- Please note, BCV are legally required to ask all members aged 13 and over for permission to use their personal information contained within this document

I permit BCV to use my personal data enclosed on this form.

Youth Name: _____ Youth Signature: _____

I confirm that I know both emergency contacts listed and give my consent for them to be contacted in event of an emergency.

Youth Name: _____ Youth Signature: _____

IMPORTANT! PLEASE READ CAREFULLY

Information written on this form is held in confidence, for the duration of your child's time in Vineyard Kids/ BCV Youth. Leaders need these details in order to meet the specific needs of your child. .

I give permission for my child to attend BCV Children's Ministry/Youth Ministry and to participate in all its activities. I will inform leaders of any important changes to my child's health, medication or needs and also of any changes to our address or any phone numbers given above.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical personnel. If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Signed: _____ Date: _____

Name printed in full: _____ Relationship to child: _____

It is essential that you inform the kids/youth pastor of any important changes to the details given on this form during the year eg. telephone numbers, medical information.