

**PARENTAL CONSENT FOR AN ACTIVITY/EVENT****1. NATURE OF EVENT/ACTIVITY:**

All XCell Youth Group events/activities in St Alban's Parish Centre and off-site

Date(s): September 2022 – July 2023

Time(s): As advertised

I agree to: _____ *(insert name)*

Date of Birth: _____

- I agree to his/her participation in the activities described;
- I understand that group/activity photographs may be taken during the event, in line with the Church's policy and I give my consent to this;
- I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of this expectation.

**2. TRANSPORT ARRANGEMENTS:
(for which parents/carers hold responsibility)**

Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip.

3. MEDICAL INFORMATION:

a) Does your child have any condition/s requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?

YES

☐

If YES please give details below

NO

☐

b) Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.

c) Please outline any FEARS OR PHOBIAS your child has.

(This information will assist the adult helpers to assist your child should any difficulties arise)

d) Is your son/daughter allergic to any medication e.g. penicillin?

YES	<input type="checkbox"/> <i>If YES please specify below</i>	NO	<input type="checkbox"/>
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e) When did your son/daughter last have a tetanus injection?

f) Is there any other relevant information/specific requirement/s that need to be known by the organiser? e.g. travel sickness/mobility

Privacy Notice

The personal information we collect from you on this form will not be transferred to any third party for marketing purposes. The information you provide on this form will be used in accordance with the General Data Protection Regulations 2018 and only transferred only to a third party in accordance with Safe Guarding procedures, as required by law or in pursuance of the Diocesan Legitimate Interests. The personal details on this form will be destroyed or deleted from our data base after the event. You can read our full privacy notice at <http://www.dioceseofshrewsbury.org/about-us/privacy-notice>.

4. CONTACT INFORMATION:			
Work / Mobile No:			
Home Tel No:			
Email:			
Home Address:			
Alternative emergency contact:			
Name:			
Tel No:			
Address:			
Name of Family Doctor:			
Doctor Tel No:			
Doctor Address:			
5. DECLARATION			
<p>In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>			
Signed:		Date:	
Full Name: (capitals)			