**PARENTAL CONSENT FROM**

**YOUNG PERSON’S DETAILS**

|  |  |
| --- | --- |
| Full Name: |  |
| Date of Birth: |  |

**NATURE OF EVENT/ACTIVITY**

|  |  |
| --- | --- |
| Description:  | Altar Servers Day |
| Date: | 7th March 2020 |
| Time:  | 10.30AM till 3PM |

**EMERGENCY CONTACT DETAILS**

***Person 1***

|  |  |
| --- | --- |
| Full Name:  |  |
| Relationship to Young Person: |  |
| Contact Number:  |  |
| Do you have parental responsibility for the young person?  | Yes/No |
| If not, name and contact details for person with Parental Responsibility: |  |

***Person 2***

|  |  |
| --- | --- |
| Full Name:  |  |
| Relationship to Young Person: |  |
| Contact Number:  |  |
| Do you have parental responsibility for the young person?  | Yes/No |
| If not, name and contact details for person with Parental Responsibility: |  |

**YOUNG PERSON’S DOCTOR**

|  |  |
| --- | --- |
| Name of surgery:  |  |
| Name of Doctor:  |  |
| Surgery Address:  |  |
| Surgery telephone number: |  |
| NHS Number:  |  |

**MEDICATIONS**

|  |  |
| --- | --- |
| Does the young person have any condition/s requiring the administration of medications or other treatment?  | Yes/No |
| Details of medication and treatment:  |  |
| I confirm that I have discussed management/administration/storage of medications with the event leader. | Yes/No |

**IMMUNISATIONS**

|  |
| --- |
| Have governmentally recommended immunisations for their age been administered?  |
| Yes/No | Please state the date of their most recent Tetanus immunisation:  |

**ALLERGIES**

|  |  |
| --- | --- |
| Please detail any known allergies: |  |
| EpiPen: | Yes/No |
| EpiPen details:  |  |
| I confirm that I have discussed its management/administration/storage with the event leader | Yes/No |

**DIETARY REQUIREMENTS**

|  |  |
| --- | --- |
| Please list any dietary requirements both due to intolerance and personal beliefs: |  |

**PAIN RELIEF**

|  |  |
| --- | --- |
| In the event of a fever or injury and we need to give pain relief, are there specific indications about the type of pain relief used and dosage? |  |

**ADDITIONAL PHYSICAL REQUIREMENTS**

|  |  |
| --- | --- |
| Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements) |  |

**ADDITIONAL EMOTIONAL NEEDS**

|  |  |
| --- | --- |
| Any additional emotional needs other than the usual needs expected for their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour? |  |

*We will use this information to help responsible adults to support your child should any difficulties arise.*

**CONTAGIOUS DISEASES**

|  |  |
| --- | --- |
| To the best of your knowledge, has the young person been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?  |  |

**TRANSPORTATION**

|  |
| --- |
| Please complete full details of travel, including name and contact details of person(s) responsible for transportation/drop-off/collection: |
| To and from the activity or pick-up point: |  |
| If relevant, during the activity or trip: |  |

**PHOTOGRAPHIC CONSENT**

|  |  |
| --- | --- |
| I give my permission for photographs to be taken and to be used by the Diocese and the SYMT. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications. | Yes/No |

**COMMUNICATIONS CONSENT**

|  |  |
| --- | --- |
| Do you wish to hear about future SYMT events: | Yes/No |
| Do you wish your email address to be added to our mailing list | Yes/No |
| Email address: |  |
| Are you happy for us to send information about up and coming events to the young person (over 13 years only) | Yes/No |
| Email address: |  |

**STATEMENT OF CONSENT**

I give my express consent to the above named young person, participating in the activities detailed in this form:

|  |  |
| --- | --- |
| Signature: |   |
| Parent/Carer’s Full Name:  |   |
| Date:  |   |

**Privacy Notice**

Your personal details on this form, or that you have supplied to the Diocese has been collected for legitimate reasons in pursuance of the Roman Catholic Faith and in accordance with the law, for safeguarding purposes. The information that you have provided to us will not be transferred to any third party for general marketing purposes. It is necessary for the Diocese to work with other third parties such as the National Catholic Safeguarding Commission (NCSC), Local Authorities and the Police and other organisations that supervise or assist with safeguarding processes. Your personal information may be transferred to these relevant organisations as required. The personal information that you have supplied, will at all times be securely stored on Diocesan, or relevant third party IT systems, or other secure filing systems, in accordance with standard safeguarding procedures. Thereafter, the personal information about you will be securely destroyed. You can read our full privacy notice at http:www.dioceseofshrewsbury.org/about-us/privacy-notice.



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