

Parental/Guardian Consent Form



A parent or guardian must complete all sections of this form before leaving a child on Wednesday evening, Sunday mornings or Citiyth events.

| Name: | | | |
|------------------------------|------------------------|---------------------------|---------------|
| Address: | | | |
| | | | |
| Date of Birth: | | Age: | |
| MEDICAL/RELEVANT INFO | PNATION | | |
| Please give details of any | | | |
| (e.g. Diabetes, Migrane, E | | | |
| (e.g. Diabetes, Wilgiane, E | мерзуу | | |
| | | | |
| | | | |
| Please give details of any | | | |
| (e.g. antibiotics, Elastople | t, aspirin, or any oth | er medication, nut, or ar | y other food) |
| | | | |
| | | | |
| Please give details of any | current medical trea | tment: | |
| (e.g. illness, recent surger | , disability) | | |
| | | | |
| | | | |
| Please give details of any | special dietary requi | rements | |
| (e.g. vegetarian, allergy) | special dictary requi | rements. | |
| (99,9), | | | |
| | | | |
| | | | |
| Please give any additiona | information or addi | tional needs: | |
| | | | |
| | | | |
| | | | |
| PARENT/GUARDIANS AND | EMERGENCY CONTA | CTS | |
| Contact Name 1: | | Relationship to | |
| | | Youth: | |
| Email: | | Phone: | |
| | | | |
| Contact Name 2: | | Relationship to | |
| Contact Name 2. | | Youth: | |
| Email: | | Phone: | |
| | | | |

OTHER TRUSTED PEOPLE FOR COLLECTION/DROP-OFF



Contact Name:

Contact Name:

Date:



| Contact Name: | | Phone: | | |
|--|---|--------------------------|-------------------------|--|
| PHOTOGRAPHS AND VIDEO Citifaith Church is committed to safe practice when dealing with images of children. Photographs and video are occasionally taken during Citifaith Church activities for publicity purposes, including on the Church website and related social media. No names or other personal information are used which could enable identification of a child. Please indicate your consent that this may include images of your child/children. | | | | |
| O I consent that photos and videos taken at Citifaith Church may include images of my child | | | | |
| PRIVACY Citifaith Church will store EU General Data Protection promoting and enabling the emergency care. | on Regulation (GDPR) and | the Data Protection Act, | for the purposes of | |
| CONSENT | | | | |
| I agree to leave my yout events. | h in 'CitiYth' during Sunda | ay service, Wednesday ev | enings and any youth | |
| | th Church or the 'CitiYth' I f personal items or perso | | sponsible or are liable | |
| Signature: | Priı | nt name: | | |

Phone:

Citifaith Church operates a Safeguarding Policy and all Citiyth volunteers have undergone a Disclosure and Barring Service (DBS) check.