Young Person's Name:	ST.F YTH	
Thank you for taking the time to fill in this activities and helps us to stay in touch wild duration of your young persons attenda change, please inform the Youth Team in	, ,	
Young Persons Details		
Date of Birth:	Gender:	
Address:	School:	
	School Year:	
While your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias, has any medical conditions, disabilities or dietary requirements:		
Please give details of any medication (please ensure adequate supply is brought to events if it could be needed and ensure the organiser is informed):		
Name, address and telephone of Doctor :		
Emergency Contacts (Please provide at least two contacts, including parent/ guardians).		
Name:	Relationship to young person:	
Home Phone:	Mobile Number:	
Name:	Relationship to young person:	
Home Phone:	Mobile Number:	
Name:	Relationship to young person:	
Home Phone:	Mobile Number:	
Any other information you think the orga	nisers should know?	

Consent I give consent for my child to take part in the following (please tick): Our Youth Clubs in the lounge (Friday evenings) - On-site activities (For example: additional drop-in sessions during the summer) (Consent for overnight events and off-site trips will be sought separately). - Sunday youth sessions I give consent for my child to travel to and from the above activities without an adult picking them up. If however an adult is required to pick up your child please write which adults have permission to do so here: I agree that the information on this form can be stored on St Francis Church's database for the duration of my child's involvement in Youth activities (this is in-line with the St Francis Church data protection & GDPR policy & commitments). The information is used only to help us communicate with you about the activities we run (you can opt into various levels of communication below) and for use in an emergency. My child and I understand the Code of Conduct & Behaviour Policy of St Francis Youth (available on entrance to each session) and there is agreement that it will be adhered to. I agree to any emergency hospital or dental treatment including anaesthetic to be given as considered necessary. I also agree to my child taking mild pain relief (analgesics including paracetamol and ibuprofen). NB: The Medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medial consent forms have no legal status and a doctor has the right to insist parental consent before treating a child. We have found, however, that medical staff ind this type of general consent helpful. I recognise that circumstances/ information changes and if it does it is my responsibility as a parent/ quardian to make the organisers aware in writing so that changes can be made to the existing form or a new form can be completed. * I give/ do not give (*delete as appropriate) consent for photographs and short videos of activities including my child to be taken and used for publicity and possible publication including newspaper or internet in line with St.Francis Church safeguarding policy and practice. * I give/ do not give (*delete as appropriate) consent for my child to be contacted electronically (via text message and appropriate social media platforms) in accordance with St Francis Church Electronic Communications policy. * I give/ do not give (*delete as appropriate) permission for my child to leave site during session at the group leaders discretion. Signed Date All of our activities operate to the high standards and values set out in out safeguarding policy (and associated policies). If you wish to see copies of our policy documents please speak with the Youth Team or download them from our website. Communications If you would like to receive communications, please opt in below (Please tick). Group WhatsApp conversations

If you would like to receive communications, please opt in below (Please tick). Group WhatsApp conversations are supervised by our team of safely recruited leaders, your child will not be contacted on their mobile outside of this closed group unless consented to above.

Monthly parents email update

Email:

Young Person WhatsApp Group	Young Person's Number: