

**GENERAL PERMISSION FORM**

This form must be completed by a parent/guardian in order for the young person to participate in the event/activity.

 It should be signed and returned to:

Bev Hamilton

*Please note if this form is not competed in full and returned to the person named above the young person may not be able to participate in the event/activity*

Full name of the young person ………………………………………………………………………….Date of birth …………………………………..

Address……………………………………………………………………………………………………………………………….………………………………………

………………………………………………………….………………………………………………………………Postcode……………………..……………………

**Emergency contact**

Name……………………………………………………………………..  Relationship to the young person…………………………………...……….

Telephone number ……………………………………………

**Second Emergency Contact**

Name……………………………………………………………………..  Relationship to the young person…………………………………...……….

Telephone number ……………………………………………

**Young person’s registered GP**

Name …………………………………………………………..……………………………Telephone number ………………..………………………………

Address……………………………………………………………………………………………………………………………….………………………………………

………………………………………………………….………………………………………………………………Postcode……………………..……………………

**Does the young person have any medical conditions which we should be aware of? YES/NO**

If yes, please give details…………………………………………………………...………………………………………………………………………………

**Does the Young person suffer from any allergies?  YES/NO**

If yes, please give details…………………………………………………………...………………………………………………………………………………

**Declaration**

Please note that this declaration can only be signed by those with parental responsibility

I give permission for ……………………………………. to take part in the activities listed below:

|  |  |
| --- | --- |
| [ ]  Chill’n’Chat | [ ]  Inferno (Sunday morning)  |
| [ ]  Coffee Club | [ ]  Youth Alpha |
| [ ]  Explorers (Young Leader)  | [ ]  Soul Survivor Saturday Celebrations |

[ ]  I give permission for my young person to be transported to and from an event by car when appropriate.

[ ]  In an emergency and/or I cannot be contacted I am willing for my child to receive necessary hospital or dental treatment.

[ ]  I give permission for photos and videos of my young person to be taken. Please specify below:

[ ]  I give permission for the photos and videos to be used publicly on the church website, YouTube and Instagram

[ ]  I give permission for the photos to only be used privately on our closed Facebook and WhatsApp groups

[ ]  I give permission for my young person to attend meetings and activities on Zoom when appropriate. I am aware that if my Y/P is under 13 then a responsible adult needs to be within earshot during Zoom meetings.

[ ]  I give permission for Well Street United Church to store this information securely including in electronic format. (Please see Well Street United Church Privacy Policy for data retention information.)

I undertake to inform the leader should any on the above information change

**Signed**……………………………………………………………………………………………….

**Date**……………………………………………………………………………