

YOUTH CONSENT FORM

Description of activity: All Trinity organised events both onsite and offsite the premises (excluding residentials that include overnight stays for which there will be a separate consent form issued).

Date of activity: This form will be ongoing and we will contact you every year for updates of your contact details.

Young Persons details

Name _____

Address _____

_____ Postcode _____

Mobile no. _____

Landline no. _____

Email _____

D.O.B _____

School/ college _____

School year _____

Parent/Guardians details

Name _____

Address (if different from Young person) _____

_____ Postcode _____

Mobile no. _____

2nd Mobile no. _____

Landline no. _____

Email _____

Emergency Contact different from parents

Name _____

Number _____

Relationship to young person _____

MEDICAL INFORMATION

Known Medical conditions (including details of any medication that is being taken)

Food allergies or dietary requirements _____

Any other information that you would like us to know _____

DECLARATIONS

I agree for above named person to attend all Trinity organised events, both inside and outside the premises. I understand that separate permission will be sought for residential/ overnight activities. I agree to let the youth leaders know if there are any changes to the young person's health over the year and I will update the leaders about any changes of contact information.

I give permission for my son/daughter to receive any first aid procedures, emergency medical, dental or surgical treatment that may be needed in the event of an accident or an emergency. Trinity will make every effort to contact you should the need arise for emergency treatment.

Signed (parent/guardian) _____ Date _____

Print name _____

IMAGES DECLARATION

(in accordance with the data protection act 1988, we need your permission before we take any photographs or recordings of your child/children). Please read the conditions of use, declaration and sign and date the form where shown.

Conditions of use

- We will not include details or full names (which means first name and surname) of any young person in an image on our website or in printed publications, without good reason and only with your expressed consent.
- We will not include personal email, postal addresses, telephone or fax numbers on our website or in printed publications without your expressed consent.

I understand that photos may be taken of my child during Trinity events. I give permission for my child's image to be used in Trinity's media presentation, website, publicity and printed materials for promotional/ display purposes. I have read, understood and am in agreement with the conditions of use

Signed (parent/guardian) _____ Date _____

Print name _____