



Discoverers Parental Consent Form

PLEASE USE BLOCK CAPITALS

Name of Parent/ Guardian:

Address:

Postcode:

Telephone Number:

Other Contact:

Telephone No:

Name and Address of Doctor:

Does the child have any medical conditions we should know about? (e.g. Asthma, diabetes, allergies, dietary needs; or disability which may affect normal activity).

I give permission for _____ (Name) _____ (Date of Birth)
to be involved in the activities organised by the Discoverers of the Findlay Church, which take place between 10.45 am - 12.30 pm on a Sunday morning.

I understand that this will include both on and off-site activities, and transport to and from activities by car or minibus. I understand that all the activities will be properly supervised by adults, and that authorised Youth Leaders will ensure that my child is properly looked after at all times.

I give permission for photographs/ videos to be taken during the session for use in crafts and displaying on Parents Open Nights and special occasions.

I give my permission for the Youth Leader(s) to act on my behalf as a parent, e.g. In a medical emergency. **(Note this will only be used if the leaders cannot contact you).**

Data Protection Act 1998

The data collected in this form will only be used for the purpose of Church Administration within the Findlay Church and will not be disclosed to any external sources without your express written consent. Both electronic and paper records will be deleted/shredded when no longer needed.

I agree to ALL of the above statements and agree to the use of my data as stated above.

Signature of Parent/ Guardian: _____ Date: _____