



CONSENT, MEDICAL AND AGREEMENT FORM

Dear parent/carer

In order for your child to attend *Enrich* activities such as 'The Den', we need your consent as well as additional information about your child. This is to ensure that your child and everyone else in attendance is safe and enjoys their experience there. Please ensure that your child brings this form with them the next time they attend one of the projects. If your child comes 3 times without the form, they will be unable to attend again until the form is returned.

Please read the information below and make sure that you tick the box at the bottom of the page and then **complete all sections on the back.** Please ask your child to read the form and sign their consent as well. Unfortunately, we will have to return the form to you if all boxes are not completed.

You can use the information at the bottom of the form to contact me should you wish to discuss anything.

Why do we need you to complete this form?

Essential:

- It is essential that we have up-to-date medical information and information about any other needs each young person has as well as contact details for those responsible for them. (Please see overleaf).
- *Enrich* activities, unless otherwise stated, are run on a drop-in basis and therefore your child is free to choose to leave the group they are attending at any time.
- We may, from time-to-time, run activities away from the usual venue. If these are low-risk and within walking distance, we will not ask you for additional permission. If they are anything outside of that, additional consent will be required in order for your child to attend.
- *Enrich* runs successfully because of the boundaries of respect, common sense and safety. By attending activities, your child is agreeing to behave in a respectful manner with regards to leaders, other young people, equipment and the environment they are in.
- We require that you agree to only let your child attend groups that are appropriate for their age. This means them not being on the premises while groups are running that are not for their age group.

Optional – please delete as necessary:

- We may wish to take photos or videos at some of the projects which may then be used for publicity or in newsletters, brochures, leaflets, media publications and on the website.
- As a way of keeping young people informed about projects, we send text messages to them when we feel it is appropriate and necessary. This involves storing your child's number (please see overleaf) on either of the paid *Youth & Community Worker's* phones (not volunteers) which are passcode protected. These numbers will not be distributed to anyone else. It is really helpful for us and for your child if we are able to communicate in this way.
- We are a Christian organisation and, while we don't talk explicitly about our faith at our activities unless asked, we do occasionally run sessions where young people can explore faith. It will be very clear if a session will be of this nature. We like to be very transparent in what we do and will assume that you are happy for your child to attend unless you tell us otherwise.

All Saints Weston will keep a register of attendance for all groups as well as the information you submit in this form in accordance with GDPR and our published Data Protection Policy which can be found on the ASW website. This information will always be kept safe and we will not give your information to other people without asking you first, unless we need to protect you or someone else who is at risk.



I am happy with all of the above with the exception of those I have crossed out.

Continued overleaf

Personal and medical information – Please fill in ALL boxes.

Name of child: _____
Date of birth: _____
Address: _____

Postcode: _____
Emergency contact telephone number(s) for parent/guardian (Home): _____
(Mobile): _____
School/college (if applicable): _____
School year: _____
Child's mobile number (*Please read overleaf*): _____

Please let us know about any of the following:

Health issues including allergies etc? _____

Medication being taken? _____

****Any medication that may need to be taken while at one of our activities will be your responsibility. If you need to give medication to a leader for safe keeping, please do so but taking it will be your responsibility.****

Any special needs? _____

Anything else we should know? _____

(Please use an additional sheet if needed for the above information)

As the person(s) with parental responsibility for the young person named overleaf, I/we give permission for this child to attend and take part in the activities organised by *Enrich Weston*. In case of illness or accident, I/we authorise:

a) the leader(s) of the event to sign on my behalf any written form of consent required by medical authorities, if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.

b) the leader(s) to administer prescribed and non-prescribed medication.

Signed: _____ Signed: _____

Print: _____ Print: _____

Relationship to the young person mentioned above: _____

Address (*if different from above*)

Signed (*Child*): _____ Date: _____