

**CONSENT FORM**

Before a child may take part in activities organised through St Thomas Church and Community Project we need to register certain information. Please answer the questions below in **BLOCK CAPITALS** and fill in the contact details you want us to use providing permission on the way we can communicate with you.

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| --- | --- | --- | --- | --- | --- |
| CHILD/YOUNG PERSON NAME (under 16) | | | | PARENT/GUARDIAN NAME | |
|  | | | |  | |
| ADDRESS | | | | **MOBILE PHONE NUMBER** | **HOME PHONE NUMBER** |
|  | | | |  | |
| POST CODE | | **SCHOOL NAME** | | **EMAIL ADDRESS** | |
|  | |  | |  | |
| EMERGENCY CONTACT NAME | | **EMERGENCY CONTACT PHONE NUMBER** | | **REGULAR MEDICATION/**  **MEDICATION ALLERGY** | **ALLERGIES/DIETARY REQUIREMENTS** |
|  | |  | |  |  |
| SPECIAL NEEDS | | | |  |  |
|  | | | |  |  |
| I CONSENT TO BEING CONTACTED BY – PLEASE TICK | | | | **I CONSENT TO BEING INFORMED ABOUT:**  News, events, activities, and services at St Thomas Garretts Green (note you can unsubscribe at any time). | |
| POST | **PHONE/TEXT** | | **EMAIL** |
| * YES * NO | * **YES** * **NO** | | * **YES** * **NO** | * **YES** | * **NO** |
| I CONSENT TO MY CHILD’S PHOTO/VIDEO: | | | | **I CONSENT IN CASE OF EMERGENCY THAT MY CHILD:**  Will receive medical attention from a trained  First Aider/Doctor/Nurse/Paramedic to give necessary treatment unless otherwise stated above in Medications/Allergy boxes. | |
| PUBLICATIONS  E.g. Flyers and  Newsletters | **WEBSITES**  E.g. St Thomas’ Website | | **SOCIAL MEDIA**  E.g. St Thomas’ Facebook Page |
| * YES * NO | * **YES** * **NO** | | * **YES** * **NO** | * **YES** | * **NO** |
| Your privacy is important to us. We want to communicate with you with your consent. You can grant consent to all the purposes; one or none at all. Where you do not grant consent, we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situation, such as where required to do so by law or to protect members of the public from serious harm.  You can withdraw or change your consent at any time by contacting St Thomas Church and Community Centre, 114 Rotherfield Road, B262SH or call 01217437040 or via email [st.thomas@zen.co.uk](mailto:st.thomas@zen.co.uk). It is your responsibility to notify St Thomas Church and community Project of any changes to the above information. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law. This form will be kept secure and confidential on the church database.  I have read and understand all the above; I agree that the above information which I have provided is correct and consent to my child participating in youth club activities    Signature Parent/Guardian Date | | | | | |
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**St Thomas Church and Community Project 01217437040**