

**Craiglockhart Parish Church
Impact Youth Ministries**

ACTIVITIES CONSENT FORM

PART A

Name of Congregation and Group Craiglockhart Parish Church Impact Group

Types of Activity Craiglockhart Parish Church halls, Megabowl, cinema, ice-skating and other venues as per programme.

PART B - should be completed by someone with parental responsibility (e.g. this does not include a foster carer).

Name and address of young person

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs) or disability that may be affected by any of the above activities

Your telephone number(s) for emergency contact

**Day
Evening**

Name of alternative contact if you are unavailable, with telephone number

**Name
Day
Evening**

PARENTAL CONSENT

- I give permission for my child, as named above, to take part in the normal activities of this group.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.
- I understand that while involved in the activities of this group, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Please tick one of the boxes below, indicating if you are willing for your own young person to make his or her own way home after off-site activities, e.g. bowling, cinema etc. or whether they will be picked up.

My son/daughter will make his/her own way home. My son/daughter will be collected.

Please delete as appropriate permission regarding photographs/videos of your child: -

I give/do not give permission for photographs/videos of my child to be taken and displayed in Church publicity, e.g. on Church's website and youth pages of the Steeple parish magazine.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including an anaesthetic.

Signed:
(Parent or adult with parental responsibility)

Date: