

THE BENEFICE OF FAVERSHAM
St Mary of Charity Parish Church Faversham

Parental Consent Form – Holiday Club 2019

St Mary of Charity Parish Church Faversham complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

SECTION 1 – this data will help us to contact you should we need to and provide the best possible care for your child during Holiday Club.

Name of child:	Date of Birth:	School year just left:
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Name(s) of parent(s) or other adult(s) who have parental responsibility for the child:	
If the child does not live with the parent(s) or other adult(s) with parental responsibility, with whom do they live?	
Name:	Relationship to child:

Address:	
Postcode:	Home tel. no.
Email:	Mobile tel. no

2 nd contact in case of emergency: name, contact no(s) and relationship to child:
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Name of family Doctor:
Address and tel. no:

Please give details of any health problems, medical conditions or allergies affecting your child, any medication that they are taking or any disabilities they have that may affect normal activity:	
I give permission for sticking plaster to be used on my child when necessary <i>* Please delete as appropriate</i>	YES / NO*

Is the child subject to any court orders <i>*Please delete as appropriate</i>	YES / NO*
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Continued overleaf...

SECTION 2 – to be read and signed only by a parent or other adult with parental responsibility.

Name of Child:

I give permission for my son/daughter to take part in the normal weekly activities of St Mary of Charity Parish Church. I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property.

I understand that my son/daughter may sometimes appear in photographs and/or videos taken at Holiday Club and that these photographs/videos will only be shown to those connected with Holiday Club.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature:

Date:

By typing your name or adding a script of your signature in this box you hereby give consent.
Signed by Parent or other adult with parental responsibility

Photography

From time to time we may like to use photographs and/or videos of young people taking part in Holiday Club activities in publicity for Holiday Club, or we may wish to pass on material for use in publicity, publications, promotional/training videos and websites produced by *The Benefice of Faversham* nationally. No personal details, such as names, appear with photographs or videos unless we obtain specific parental permission first.

If you are happy for us to use photographs and/or videos of your son/daughter in this way, please sign below.

If you do not wish us to use photographs and/or videos of your son/daughter in this way then please cross through this section.

I consent to photographs/videos of my son/daughter being used within The Benefice of Faversham for the purposes mentioned above. I understand that their name or other personal information will not be used unless my permission is obtained first.

Signature:

Date:

By typing your name or adding a script of your signature in this box you hereby give consent.
Parent or other adult with parental responsibility