

Greyfriars & New Hope Church, Reading.

ReMix Youth Consent Form

This form is valid for 3 years. Please inform us if any details change in this time. Thanks!

Personal Information:

Name of Young Person _____

Date of Birth ____/____/____ School Year ____ School _____

Address: _____

_____ Postcode _____

Medical/Well being Information:

Doctors Name: _____ Telephone : _____

Name of Surgery: _____

Date of last Tetanus: _____ NHS Number: _____

Allergies: _____

Medication: _____

Any additional needs, things like SEN or anything else we need to be made aware of (e.g. depression, anxiety, dyslexia, ADHD, Autism, phobia's):

Please ensure your child brings any medication they require for the duration of activities and events with them.

We advise Asthma pumps are kept with your child and insist all other medication is handed in to a designated leader. **Please update us on any changes with medication through the year.**

Emergency Contact Details:

<u>Name of Contact</u>	<u>Relationship to Child</u>	<u>Contact Number 1</u>	<u>Contact Number 2</u>

Please provide at least two numbers for yourself as the parent or guardian, and then at least one or two other people whom you give permission for us to contact in the case of an emergency.

Future Communication

Please provide an **email address** which you would like all information and forms to be sent to:

Consent

In order to try and minimise paperwork throughout the year, please could you complete all the necessary consent sections below and we will then contact you accordingly when a new trip arises.

Travel

I give permission for my child to travel in a minibus with Greyfriars / New Hope Youth, driven by a youth leader who meets all the legal and safeguarding requirements: Yes / No

I give permission for my child to travel in the car of a youth leader, who meets all the legal and safeguarding requirements: Yes / No

I give permission for my child to make their own way to and from weekly groups held on site (church) e.g. ReMix Youth Club / Church / Mid-week groups Yes / No

I give permission for my child to make their own way to and from off-site activities such as Christians in Sport Group / Crossroads / Pathfinders: Yes / No

I give permission for my child to make their own way to and from a meeting /drop off point for a trip: Yes / No

My child and I understand that while my child travels with the Greyfriars / New Hope team he/she must wear a seat belt and follow the instructions of a leader in order to keep themselves and others safe

Signed _____ Parent/Guardian

Media

At some youth activities assigned leaders will take photos and film young people for us to remember the good times! I give permission for my child to have their photo taken and to be filmed and for these images to be used for wall displays and the internet such as Greyfriars /New Hope website and Facebook group, according to the discretion of the youth leader in charge:

Signed _____ Parent / Guardian

Communicating with my child:

I give permission for my child to be personally contacted via email by a leader in line with Greyfriars / New Hope safeguarding policies Yes / No

I give permission for my child to be contacted on their mobile via text or call by a leader in line with Greyfriars / New Hope safeguarding policies Yes / No

Extra Events - Parents/guardians have different preferences for consents so please choose from the following:

I **do not** need to be contacted for my consent each time there is a Social event such as an organised party or small group event: Yes / No

I give permission for my child to **meet in a one to one** setting with a Greyfriars / New Hope youth leader who meets all our safeguarding requirements, having been contacted by the leader and made aware of the arrangements:

Yes / No

Medical

In the case of an emergency you will be contacted using the numbers you have provided. However, if we are unable to contact you it is useful to have paperwork signed by the parent/guardian to help the medical professionals as they treat your child. Often, medical professionals will not accept signed paperwork to treat your child and will want to speak directly to you for permission, however, the consent below is helpful and may be accepted!

I understand that I will be notified in the case of an emergency. However, in my absence I give consent for my child to receive medical attention while in the care of Greyfriars Youth Leaders, including emergency treatment as deemed by medical professionals, such as anaesthetic, dental treatment and x rays:

Signed _____ Parent/Guardian

Kayaking:

My Child

- Can confidently swim 50 metres
- Will wear a life jacket
- Will follow instructions given by Steve Peters
- Will wear suitable clothing (Hard bottomed shoes which are tied up – not flip flops, wellies or crocs)
- Will bring along any medication they require such as asthma pumps
- Will use the equipment as directed

I understand kayaking.....

- Will be carried out by a qualified instructor
- Has been risk assessed
- Will use equipment which is checked regularly for safety
- Contains some risk and is carried out on the Thames River where there are other river users such as rowers, barges, hire boats etc. During the summer the river can become fairly busy.
- That I will need to make the instructor aware of any recent injuries/illness that may have an effect on my child's ability to participate in the activity.

1. **My child and I** understand and agree that while participating in Greyfriars youth activities, they are required to follow all the instructions given by their leaders in order to keep themselves and others safe and have fun! If my child does not comply with these instructions, I understand that leaders may discipline my child in line with Greyfriars & New Hope youth safeguarding and discipline policies.

2. I understand and agree that it is my responsibility to update the youth worker in writing if there are any changes to the above information or permissions.

3. I understand that New Hope and ReMix are a part of Greyfriars Church, and may therefore teach the Bible and Christian values to my child.

Signed: _____ Parent / Guardian Date: _____

Please print your name here: _____
