



# Youth Information and consent form

Please complete one form for each young person involved in activities at St Andrew's Church and return to [megan.josh@standrewshw.co.uk](mailto:megan.josh@standrewshw.co.uk) or the Church Office

## Young person's details

Full name:		Male	Female
Date of birth:			
Address:			
Contact number:	Home:		
	Mobile:	Permission to receive texts? Y/N	
Email address:		Permission to receive emails? Y/N	
School and year:			
Doctors details:			
Emergency contact:	Name:		
	Contact:		
	Relationship:		

*Note: Giving permission for the youth pastor to contact your child using their email address and mobile number is with the understanding that it will be used in an appropriate manner and with discretion. (If you have any concerns about this please contact Megan)*

Parent/Guardian's details	Parent/Guardian 1	Parent/Guardian 2
Full name		
Relationship		
Email		
Mobile telephone		
Address and home tel if different from above		

## Medical information

Please inform us of any medical or behavioural information e.g allergies, dietary, history of difficult behavior etc.

**Photographs or video**

I give permission for photographs/video to be taken of my child whilst participating in the group and other church activities:

- For internal presentation, e.g Sunday Services
- For external presentation, e.g website

**Mailing List**

- I give permission to receive/for my child to receive regular news and updates related to St Andrew's Youth. (please delete as appropriate)

**Any Additional information****Database**

I give permission for all the details collected on this form to be stored securely on the church database for the duration of the young person's involvement with the church, with the understanding that this information is only visible to the church leadership and ChurchSuite administration team, and will ensure that I notify the youth pastor of any changes to the information I have shared above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_