

# USG Parental Consent Form –

## Westbrook, 2<sup>nd</sup> – 4<sup>th</sup> November 2018

Please Return Form to Nick Carvel – *(Details Overleaf)*



**URBAN  
SAINTS**  
GUILDFORD

Urban Saints Guildford is registered under 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 – CONTACT DETAILS.** This data will help us to get in touch with you, should we need to, before / during the Inter Westbrook residential activity.

Name of child:	Date of Birth:
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Address:	Postcode:
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Address of parent/carer during the residential if different from the child's address above:
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Contact tel. nos. of parent/carer during the residential activity:
Daytime: Evening: Mobile:

E-mail address: <i>(Please print clearly – we will use this e-mail address to send you information such as kit lists.)</i>
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**SECTION 2 – MEDICAL INFORMATION.** This data will help us to give the best possible care to your child during the residential activity.

Name of family Doctor:
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Address and phone no. of family Doctor:
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Please give details of any allergies affecting your son:
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Please give details of any medication your son is currently taking, the dosage and whether it can be self-administered:
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Please give details of any contagious or infectious diseases your son has suffered from in the past 3 months:
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Please give details of other recent illnesses:
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*Continued overleaf...*

Please give details of any special dietary requirements your son has:

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

YES / NO

If supervised swimming is offered on the programme, do you give consent to your son taking part? YES / NO

If consent is given, what distance can they swim?

Please give details of any activities included in the programme in which your son may **not** participate:

Please give any other information you think may be useful to us in caring for your son, eg. suffers from travel sickness:

**Section 3 – CONSENT. To be read and signed only by a parent or other adult with parental responsibility.**

I give permission for my son to take part in this residential trip and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my son but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son during, or as a result of, this trip.

I understand that if my son grossly misbehaves at this residential then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes and alcohol are forbidden and failure to abide by this rule may constitute gross misbehaviour.) I agree to pay for deliberate damage to property caused by my son.

Signature:  
Parent or other adult  
with parental responsibility

Date:

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

I enclose £                      as payment for this residential.

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

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

I consent to photographs/videos of my son being used within Urban Saints 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:  
Parent or other adult  
with parental responsibility

Date:

**Please Return Form to Nick Carvel:**

Email - [nicholas.carvell@btopenworld.com](mailto:nicholas.carvell@btopenworld.com)

Address - 10 Downsway, Guildford, Surrey, GU1 2YA, United Kingdom