

# USG Parental Consent Form - Residentials

## Junior Bash, Fri 1<sup>st</sup> - Sunday 3<sup>rd</sup> February 2019



**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 – this data will help us to contact you should we need to during the residential.

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 to help us provide the best possible care for your child.

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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Please give details of any special dietary requirements your son has:
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Please give date of last anti-tetanus injection:
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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?

**Continued overleaf...**

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, e.g. suffers from travel sickness:

**SECTION 3 – to be read and signed by a parent or other adult with parental responsibility and your child if aged 13 or over**

I give permission for my child to take part in this residential 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 child, but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this residential.

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

I give permission for Urban Saints to process and store the personal data given on this form for use in relation to my child attending this residential and for safeguarding records. Urban Saints will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in its privacy policy: [urbansaints.org/privacypolicy/](http://urbansaints.org/privacypolicy/)

I understand that if my child grossly misbehaves at this residential then the organisers may forbid them from further participation and require me to collect them at my expense. Cigarettes, drugs 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 child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Child if aged 13 or over

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or other adult with parental responsibility- this is required even where child has signed above

I enclose £ \_\_\_\_\_ as payment for this residential. *(Please make cheques payable to 'Urban Saints Guildford')*

I have made an online payment for £ \_\_\_\_\_ as payment for this residential. *(Please make online payments using: Sort Code: 30-93-74, Account Number: 00318381 and reference with the event and your son's name, e.g. BASH-JSmith)*

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.

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or other adult with parental responsibility

**Please return form to Graham or Rebekah Harrington:**  
*Email - [graham@harrington.onl](mailto:graham@harrington.onl)*  
*Address - 145 Farnham Road (road access via Abbots Close), Guildford, GU2 7RL*