



**URBAN
SAINTS**
GUILDFORD

USG Parental Consent Form – Group Membership

Urban Saints Guildford

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

Name of son:	Date of Birth:
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Address:	
Postcode:	Home tel. no:

Address and tel. no. of family Doctor:
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Name(s) of parent(s) or other adult(s) who have parental responsibility:	
Mobile Number:	Email address:
If the child does not live with the parent(s) or other adult(s) with parental responsibility, who do they live with:	
Name:	Relationship to child:

Please give details of any health problems, special dietary requirements, medical conditions or allergies affecting your child, any medication that they are taking (including dosage and whether they can self-administer) and any additional needs that may affect normal activity:	
I give permission for sticking plaster to be used on my child when necessary	YES / NO*
	* Please delete as appropriate

We will contact you about Group activities and would also like to keep you up-to-date with other Urban Saints Guildford events. We respect how often we contact you and you can change this at any time by contacting one of the Section Leaders.			
Please can we contact you by email?	YES / NO *	By post?	YES / NO *
		By phone?	YES / NO *
			* Please delete as appropriate

Continued overleaf...

SECTION 2 - this data will help us in planning our programmes and other activities.

School your child attends, and year group:

Church your child attends (if any):

Your child's interests and hobbies:

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

By signing this I apply for my son to become a Group member of Urban Saints Guildford and acknowledge that they will become a member on receipt by Urban Saints Guildford of this form.

I give permission for my son to take part in the normal weekly activities and associated outings and activities of Urban Saints Guildford (separate consent forms will be obtained for overnight or residential activities). I understand that the leaders will take all reasonable care in looking after my son but they cannot necessarily be held responsible for any loss or damage to property.

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 the Group, safeguarding records and for taking part in other activities regionally or nationally.

I understand that 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 the full privacy policy: urbansaints.org/privacypolicy

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

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/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.

Signature:

Date:

Child if aged 13 or over

Signature:

Date:

Parent or other adult with parental responsibility