

Holy Trinity Children's and Youth Ministry - Consent Form

Young Person's Details:

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|------------------|------------------|
| Name | |
| D.O.B: | |
| Address: | |
| Phone: | Home: Mobile: |
| Email: | |
| School Attended: | |
| Initial Contact: | |

Medical Information -

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|--------------|--|
| Conditions: | |
| Medications: | |

Any Other Information -

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We will never pass on or share any information that you have given us in accordance with the Data Protection Act. All information is used for the safety of a young person in the care of the children's and youth work at Holy Trinity.

Parents/Carers Details:

Note: All information that you have given us, is to create new records or update old ones of the young people who church events. It is important that you fill these out to the best of your knowledge, so that we can make sure your child is looked after to a high standard at Holy Trinity. Thank you for your time.

| | |
|-------------------|---------------------------------|
| Name | |
| Address | |
| Phone | Home: Mobile: |
| Email | |
| Emergency Contact | Name: Relationship to child: |
| Phone | Home: Mobile: |

Additional Information: You may receive emails or texts once a month to let you know of any other activities happening at Holy Trinity that might be relevant for your child. If you would not like to receive more information, please tick here:

Photography and Media:

We may occasionally take photos which may be posted on the church website, social media or for publicity. In no instance are names attached with images. Please circle below according to your preference for your child.

Yes - Images can be used.

No thank you.

SIGN Date