



Parental/Carer Registration & Consent Form
SPY Meetings 2024/2025

Please complete the form and return to Helen Scamman: vicar@stpaulscaton.org.uk

SECTION A – YOUR CHILD'S DETAILS

Child's full name _____

Child's date of birth _____

Their home address _____

Postcode _____ Home tel. no _____

School Year _____ School/College _____

SECTION B – YOUR DETAILS

Your name(s) as parents/carers _____

Your relationship to the child _____

Mobile no. _____ Mobile no. _____

Please delete as appropriate:

I AM / AM NOT happy for my mobile no to be added to a Whatsapp group for parental updates.

We will often use email to communicate with parents/carers. Please provide an email address if you have one. Email address _____

Preferred contact method (please circle): email Text/Whatsapp phone

The details you provide on this form will be added to our St Paul's Youth database. This information will be confidential, and only available to those who are leading the group or involved in safeguarding.

1. DETAILS OF GROUP

The group will meet regularly at St Paul's Church Hall, and will seek further consent if we meet elsewhere.

The activities planned for the period **September 2024 to September 2025** may occasionally involve outdoor activities outside the regular meeting place. These will be undertaken on foot within walking distance from the Church Hall, and during normal meeting times. **All activities will be carried out with risk assessments in place and regularly updated.**

I agree to my son/daughter/ward named above, who is aged 17 or younger taking part in group activities. **I acknowledge the need for good conduct and responsible behaviour on his/her part.**

2. INSURANCE COVER

I understand that the meeting of the group is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser. I also understand that any extension of insurance cover is my responsibility.

3. EMERGENCY CONSENT

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present if I am not able to be contacted in an emergency.

b) I may be contacted by telephoning the no(s) given, or the following no(s)

_____ My address (if different to child's)

c) Please state an *additional* emergency contact point

Name of contact _____

Relationship to child _____

Telephone no(s) _____

d) GP surgery _____

GP's name _____ GP phone no _____

4. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details _____

Does your child suffer from any other condition requiring medical treatment, including medication? yes/no

If YES, please provide details

Is your child taking any form of medication on a regular basis? yes/no

If YES, please give full details, indicating the type of medication and dosage.

Do you give your consent to this medication being administered to your child?
(Please ensure that you supply correct supplies/dosage of medication to the leader in charge.) yes/no

Is your child allergic or sensitive to any medication (e.g. penicillin) insect bites, food, plasters or anything else? yes/no

If YES, please provide details

Does your child have any special dietary needs? _____

Is there anything else the group leaders should be aware of e.g. special educational needs, family circumstances? (Please give details below & on additional pages if needed)

5. OTHER CONSENT

I will arrange for my child to be picked up from St Paul's Church Hall **OR**
I consent for my child to walk home unaccompanied **(Delete as appropriate)**

I consent to photos or videos of my child being shown within church e.g. Sunday services
Yes / No

I consent to photos or videos of my child being shown outside of church e.g. on the St Paul's website
Yes / No

I consent for over-the-counter paracetamol to be administered to be child according to the directions and doses given on the packaging, should it be required e.g. for a headache
Yes / No

6. DECLARATION

I consent to my child, named on this form, taking part in group activities and declare my child to be in good health and physically able to participate in all activities, other than what I have already declared.

I am aware of the levels of insurance cover.

I am aware that I am responsible for the arrival and collection of my child at the group meeting times (not excluding permission to leave unaccompanied if given above).

I am aware of the arrangements of my child's groups including meeting times, places and supervisory conditions.

I am aware it is expected that my child will stay for the duration of the group meeting. I will inform a leader if they need to leave early.

I will ensure that any change in the circumstances will be notified to the organiser.

Signature of Parent / Carer _____ Date _____

Name in block letters

**We highly value the personal data you have shared with us.
We promise to keep your information secure and to only use your information within St Paul's. If requested, we can inform you of our data privacy policy.**