

Parental Consent Form for Youth Work (Scubed)

Anything written on this form will be held in confidence. We need to know these details in order to meet the specific needs of your child.

By signing this form you are confirming that you have read St. Swithun's Bathford Data Protection Notice, which can be viewed on our website

<http://www.stswithunsbathford.co.uk/pdfs/DataPrivacyNotice.pdf> and that you are consenting to The PCC and the Incumbent of St Swithun's, holding and processing your personal data.

Child(ren)'s Name(s):		Date of Birth /Age:	
Address:		Gender:	Male / Female
Postcode:		Home Tel:	
Parent's Name:		Mobile:	
Email:			
GP's Name:		GP Tel:	
Details of any known special dietary requirements / allergies / medical conditions:			
Any other special needs, requirements, directions that would be helpful for the leaders to know about:			
Emergency Contact:		Mobile / Tel:	
If unavailable contact:		Mobile / Tel:	
Relationship to child:			

At St. Swithun's Church we take the issue of youth safety very seriously and this includes the use of images of children. We operate to our safeguarding and child protection policy for best practice therefore we ask your consent for the following:

- I agree to my child(ren) taking part in Scubed activities.
- If transport is provided, I consent to my child(ren) travelling in a minibus or motor vehicle driven by a volunteer associated with the Scubed.
- I confirm to the best of my knowledge that my child(ren) does not suffer from any medical condition other than those listed above. I will inform the organisers of any important changes to my child's health, medication or needs.
- I will inform the organisers of any changes of address, contact numbers or emergency contact details.

- I understand that St. Swithun's Church accept no responsibility for loss, damage or injury caused by or during attendance, except where such loss, damage or injury can be shown to result directly from the negligence of St. Swithun's Church.
- In the event of illness, having parental responsibility for the named child(ren), I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency medical treatment or medication.
- I do / do not consent to the possible use of my child's image on a Scubed website, Facebook or any publications. Children will not be personally identified.
- I do / do not consent to my child being contacted on What's App or Facebook as part of a private group.
- I do / do not consent for my child to be contacted via text message as part of a group text.

Signed:		Parent/ Guardian	
Print Name:		Date:	

Please note you can withdraw your consent by contacting The PCC Secretary/Administrator at Administrator, St Swithun's Church, Church Street, Bathford, Bath BA1 7RS, Tel: 01225 920050, Email: administrator@stswithunsbathford.co.uk

Please note that all processing of your personal data will cease once you have withdrawn consent, but this will not affect any personal data that has already been processed prior to this point.

Please return the completed form to Scubed Leaders Michael or Joy Craine or Bex or Alan Briggs in the first instance. Contact details are on the Scubed programme.

This information will be filed by the Administrator at St Swithun's Church, Church Street, Bathford, Bath BA1 7RS