

# Yatton Moor Team Ministry

## Personal and Medical details and Consent



**PART A To be completed by person(s) with parental responsibility for all under 18 years old, and by those aged 18 or over, participating in any group, meeting or event organised by the Yatton Moor Team Ministry**

**Participant names:**

1)	DOB:
2)	DOB:
3)	DOB:

I/we give my permission for the young people listed in part A above, to attend and to take part in meetings, events and trips.

Signed	(Parent/Carer) Print your Name	Date
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**PART B CONTACT and MEDICAL DETAILS**

Parent/carer name:	Relationship to Participant:
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Address including post code:

Tel & Mobile Nos:	Email:
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Parent/carer name:	Relationship to Participant:
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Address including post code (if different from above):

Tel & Mobile Nos:	Email:
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**Any Medical or other details such as dietary requirements, of which leaders need to be aware?**

Name of participant(s) and details of condition:

Doctor's Name:

Doctor's Address:

Doctor's Telephone Number:

I hereby consent to leaders acting on my behalf, in my absence, for the child/children named above, and authorise these leaders specifically to be able to consent to any emergency medical treatment deemed necessary in my absence.

Signed.....	Date .....
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**Photography or film** From time to time the young people may be photographed or filmed. These may be used for teaching purposes. in publicity or in news letters, brochures and leaflets

I give/I do not give consent for pictures of my child/me to be used as mentioned above, but not their names or other details (delete as applicable)

Signed.....	Date .....
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**Transport** I give/do not give consent for my child to be provided with transport by a leader or a helper when necessary or as part of a trip or event (delete as applicable)

Signed.....	Date .....
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*Thank you for your patience in completing this form We take the safety your child(ren) and responsibility for their care very seriously Yatton Moor Team Ministry follows the Diocese of Bath and Wells Safeguarding policy, which can be viewed by visiting the following link:*

[www.bathandwells.org.uk/wp-content/uploads/2014/11/bw\\_safeguarding\\_policy\\_2011.pdf](http://www.bathandwells.org.uk/wp-content/uploads/2014/11/bw_safeguarding_policy_2011.pdf)

All information given on this form will remain confidential.

<p>If there are any other details of which we need to be aware regarding your child, please contact: Ron Pring 01934 830157</p>
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