



# PARENTAL CONSENT FORM

Group/ Congregation: .....

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

I give permission for my child to attend **SOULMATES WEEKEND** and to participate in all their activities.

Child's full name: .....

Address: .....

.....

Date of Birth: ..... Age: ..... Gender:.....

Name by which young person is normally known: .....

Phone number where I can be contacted in an emergency:

Home: ..... Work: ..... Mobile: .....

If unavailable contact:

Name:.....

Phone number (including code):.....

Relationship to Child: .....

Name and Phone number of GP: .....

Details of any known conditions, allergies etc (eg. asthma, diabetes, epilepsy) and any medications being taken:

.....

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

.....

I will inform the leaders of any important changes to my child's health, medication or needs and also of any change to our address or to any of the phone numbers given above.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Name printed in full: .....

Relationship to Child:.....

Signature: .....(Parent/Guardian) Date: .....



# PHOTO CONSENT FORM

November 2016

Dear Parent/Guardian

We hope that **SOULMATES WEEKEND** is an enjoyable and positive experience for your young person.

As part of our weekend we like to take photos and film the event. Sometimes we **may** use the photos or record footage to promote **SOULMATES WEEKEND** through our website ([www.imycd.org](http://www.imycd.org)) or other publicity. **For the most part any photos or video footage we use is of group activity or the main worship and personal details ie, name etc will never be included.**

We know that many of the young people like to see themselves on our website. However, in the interests of your young person's welfare we are asking for your permission to take photographs/video footage of them at this event. The permission slip is attached. **Please note that if we wish to use a photograph of an individual young person we will always seek additional permission.**

*If you are unhappy about your child appearing in any of the photos, please provide us with a passport-sized photo, so we can identify them and make special arrangements.*

Please do not hesitate to contact us if you have any questions or queries.

Yours in Christ

Nicky Blair  
Children's Ministry Worker

✂ \_\_\_\_\_



I give/I do not give permission for \_\_\_\_\_ (name of young person) to be  
photographed or filmed at  
**SOULMATES WEEKEND 2017**

and am aware that this may be used for display purposes.

Name of Parent/Guardian \_\_\_\_\_

Parental/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_