

WILDERNESS Youth Residential Information & Consent Form
1/10/2021 – 3/10/2021



NB: This form DOES NOT cover any travel arrangements to and from the venue (Kingswood Dearne Valley, Doncaster, DN12 4AE).

Please arrange this according to your church's safeguarding policy.

SECTION 1 – this information will help us to provide the best possible care for your child during our trip.

GENERAL INFORMATION ABOUT THE PARTICIPANT

Full Name:	Date of Birth:
	Age on Sep 1 st 2021:
Address:	Gender:
	Postcode:

EMERGENCY CONTACT INFORMATION

Name of Parent / Carer:	Contact Telephone Number:
Relationship to Child:	
Name of Additional Adult Contact:	Contact Telephone Number:
Relationship to Child:	

MEDICAL INFORMATION

Name of GP or Surgery where registered:
Address of GP Surgery:

Tel. Number of GP Surgery:

Please give details of any current *medical conditions* affecting your child (asthma, epilepsy, diabetes, allergies, migraines etc.):

Please give details of any *medication* your child is are on and indicate if this is self-administered:

Please give details of any *additional needs* including special dietary requirements:

Please provide any further information you feel will be beneficial to help us care for your child:

GENERAL CONSENT

- I am content for my child to take part in this residential and I understand the nature of the activities that will be undertaken. **YES / NO**
- I am aware that the synod is not providing transport to the residential centre. **YES / NO**
- I understand that the leaders will take all reasonable care over the weekend but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered during. **YES / NO**
- I acknowledge the need for my child to act appropriately and responsibly and I accept that if I my child fails to behave appropriately he/she will be asked to leave the venue as soon as possible and it will be my responsibility to arrange travel. **YES / NO**
- In an emergency I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities. **YES / NO**

Signed (Parent or Carer): **Date:**

- I will show respect for the other people attending this event and the centre.
- I will follow instructions given by the leaders from the synod or the centre and follow the site rules.

Signed (Young Person): **Date:**.....

PHOTO AND VIDEO CONSENT

From time to time, we would like to take photos or videos of the participants to provide a reminder of the event for those involved and to use in synod displays, reports, website or social media. When published, photos or videos will not include participants names or personal details.

Photos or videos will not be taken if the participant is themselves unwilling.

Are you happy for photos / videos to be taken of the participant named on this form? **YES / NO**

Please circle Yes or No to make clear in which ways you are willing for them to be used:

<i>Displays, printed reports</i>	Yes	No
<i>Future Publicity (e.g. posters/flyers)</i>	Yes	No
<i>Website</i>	Yes	No
<i>Social Media</i>	Yes	No

YOUR CONTACT DETAILS (GDPR CONSENT)

We would like to be able to contact you about future events that your child might be interested in. We need your consent to store your contact details. We would also like to keep a record of your child's contact details in order to inform them directly of these events. For more information please see Yorkshire Synod GDPR statement: <https://urcyorkshire.org.uk/data-privacy-statement/>

I agree to you keeping my (parent/guardian) details. **YES / NO**

I agree to you keeping my young person's contact details. **YES / NO**

Signed (Parent/Carer):..... **Date:**.....

I agree for the Yorkshire Synod to hold my details and contact me about future events with the info below:

Signed (Young Person): **Date:**

Young Person's Mobile Contact Number (optional):

Young Person's Email address (optional):