

SASYOUTHThe youth ministries of the MSC
parish of Ss Alban and Stephen.Ss Alban and Stephen
14 Beaconsfield Road
St. Albans
Hertfordshire
AL1 3RB

Group Consent Form

Group Name

JIGSAW

The parish of Ss Alban and Stephen would be grateful if you would spend a few minutes giving us some information. This will enable us to administer the group more efficiently, comply with your wishes and react appropriately in emergencies. Without some of this information we are unable to assume responsibility for your young person.

The information you give will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required (Data Protection Act 1998)

Young Persons
name

DOB

Parent/Guardians
Name

Postal Address

Contact Telephone Numbers

Home Number

Mobile Number

Alternative Emergency Contact

Name

Number

Medical Information about your young person

Should we be aware of any medical conditions that may require medical treatment including medication e.g. inhalers, anti-epileptics or insulin, allergies. If yes please give details.

Details

Is there any further information that would be useful for us to know.

Email: As part of the administration of our groups we use e-mail. We will send e-mails to the Parent/Guardian named above and copy them to an address for the young person if supplied. We will not hold e-mail addresses for young people unless we have a corresponding adult address

Adult e-mail
AddressYoung person's
e-mail address

Declaration

- I agree for the young person named on page one to attend and participate in this groups activities.
- I acknowledge the need for them to behave responsibly and will ensure they are aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/ young people available from the church web site: www.sasyouth.com
- In the event of an illness or accident every effort will be made by the group leaders to contact you. If for whatever reason this is not possible I agree to my young person receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- During this groups activities we may take pictures or videos in which your young person may feature. These images may be displayed on the church premises or posted on web sites controlled by the parish. Unless you inform us otherwise, in writing, we assume we have your consent to this use of these images.
- I understand that it is my responsibility to ensure that the information given in this form is correct and undertake to ensure that it is updated as necessary.

Please Sign

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Date ____/_____/2010

Relationship to young person

Completed forms should be handed to a group leader

If you have any queries please do not hesitate to contact Br Alan Neville MSC at the Presbytery on (01727) 853585 or on email at bralan@sasyouth.com Further information on our various programmes and policies are available on our website at www.sasyouth.com