



Children, Young People & Young Adults  
of Ss. Alban & Stephen MSC Parish

## Ss. Alban & Stephen Parish Church

Beaconsfield Road, St. Albans - AL1 3RB

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www.albanstephen.com

www.sasyouth.com

Children & Youth Co-ordinator - Joanna French

Email: joanna.french@sasyouth.com

### Parish Youth & Ministry Groups Consent Form 2011-12

Name of Group: Jigsaw

Name of Group Leader: Andrew Grundy

Venue of Meeting: Parish Hall Ss Alban & Stephen

19:15 on the following Thursday Evenings 29/09/2011, 6/10/2011, 13/10/2011, 20/10/2011, 03/11/2011, 10/11/2011, 17/11/2011,

Date and time: 19/01/2012, 26/01/2012, 02/02/2012, 23/02/2012, 01/03/2012, 08/03/2012

#### The following sections are to be completed by a Parent/Guardian in BLOCK CAPITALS

Name of participant: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No 1: \_\_\_\_\_ Tel No 2: \_\_\_\_\_

Name of additional contact for emergencies: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Tel No.1: \_\_\_\_\_ Tel No. 2: \_\_\_\_\_

#### MEDICAL DETAILS

Name of GP: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

**Does your son/daughter suffer from asthma, diabetes, epilepsy or any other medical problem that may affect normal activity? please give details of any condition, including allergies, and any necessary or required medication or treatment.**

\_\_\_\_\_  
\_\_\_\_\_

**Will he/she have any medicines/tablets with them? please give details.**

(NB: any medication carried by children under 12 should to be handed to the group leader during the session for safe keeping)

\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FOR ATTENDANCE

I give my permission for \_\_\_\_\_ to join the group named overleaf. The standard rules and conditions of behaviour and care expected at any SAS Youth group or event are stated on the SAS Youth website. Whilst attending this group my son/daughter will abide by these guidelines and respect all leaders and other group members. I can be contacted by the group leader if my son/daughter does not honour this.

### LEAVING THE SAS YOUTH SESSIONS

I will arrange for my son/daughter/charge to be collected from the group at the stated time, unless I have been informed otherwise. I appreciate that prompt collection is necessary and if there is any problem I will do my best to contact the group leader to inform them.

*NB: SAS Youth Leaders do not encourage anyone to leave an SAS youth group session unaccompanied. We appreciate some participants may wish to leave by themselves, however, no participant will be allowed to leave alone without parental permission. Please state clearly your permission and sign on the lines below if you are happy for your son/daughter/charge to leave the group session unaccompanied:*

\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FOR PHOTOGRAPHS AND VIDEOS

(please delete as appropriate)

- I give / do not give consent for my son/daughter/charge to be included in photographs and/or videos taken during group activities.
- I give / do not give permission for such photos and/or videos to be used within the Church and on parish notices to publicise or update parish youth news/events.
- I give / do not give permission for such photos and/or videos to occasionally appear on the Parish website to update group news/events.

### IN AN EMERGENCY

In the event that I cannot be contacted by ordinary means, I give my permission for my son/daughter/charge to receive any necessary medical treatment and authorise the group leader to sign any document required by the hospital authorities on my behalf.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### EMAIL

As part of the administration of our groups, we often use e-mail. This is so we have a quick and reliable way to contact members and their parents about any news and/or important information regarding their group and/or weekly meetings. It is used solely for the purpose of the group named overleaf, not for general Parish use. Please print a parental email address that is regularly checked:

\_\_\_\_\_  
Emails will always be sent to the parents first, and never solely to the group participants. If you are happy for your son/daughter to receive a copy of the emails sent to you, please include their email address here:

### DECLARATION

I understand that this information is given solely for the purpose of my son/daughter's health & safety whilst taking part in this group activity for the academic year 2011-12. If any details change I will contact Joanna French immediately for this form to be updated. I understand that the above contact details will not be passed onto any other parties and will be destroyed at the end of this year's programme.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Should the Parish wish to contact me about any other parish event relevant to my son/daughter or myself, I am happy for them to contact me via the following means (OPTIONAL):

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Should you have any problems or queries or need to amend any information at a later date, please make a note of the contact information for Joanna French, the Parish Children & Youth Co-ordinator overleaf.