

Waypoint Church Youth Work Consent Form (School Year 7 to Year 13)

Connect Group Xtra	Connect Group	Student Group	The Edge

Waypoint Church obtains and stores this personal data in line with Data Protection legislation as it is in the legitimate interests of Waypoint to enable us to care for your child safely and appropriately and to keep you up to date with news about group activities. The information given on this form will be stored and made available to the relevant group and activity leaders as necessary. Consent can be withdrawn at any time and if withdrawn the processing will stop unless there is a statutory requirement to retain the consent. Once consent is withdrawn your child will no longer be able to attend Waypoint youth activities.

Full details of our obligations are in our Data Protection Policy which is available on request and Privacy Notice which is available on our website and on request.

Name of child:	Date of Birth and Year Group:
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Address:
Postcode:
Mobile (Childs):

Name/s of parent/carer:	Name/s of parent/carer:
Relationship:	Relationship:
<u>Contact Numbers:</u>	
Home:	Home:
Work:	Work:
Mobile:	Mobile
Email:	Email:

Name of Doctors Surgery:

Telephone no:

To enable us to best care for your son/daughter please give details of any health issues, medical conditions or allergies, any medication that they are taking or any special needs they have; (continue on an additional page if needed)

Date of last anti-tetanus injection:

SECTION 2 – to be read and signed only by a parent or other adult with parental responsibility.

I consent for my son/daughter to take part in youth activities at WP and I understand the nature of the activities and any necessary travel arrangements (these will be communicated before any activity) **YES/NO**

I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this or any further activities. **YES/NO**

In an emergency, if I cannot be contacted despite reasonable attempts, I consent for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities. **YES/NO**

I consent to photographs and videos being taken during group activities of my child to be used in Waypoint Church publications, on the WP website, WP social media, WP publicity. **YES/NO**

Occasionally we would like to inform you of events offered by third parties. Please keep me informed of events offered by third parties. (We will not pass on your personal data to a third party without your consent.) **YES/NO**

By signing this form you are confirming that you are consenting to Waypoint Church holding and processing the personal data in this form for the purposes outlined in this form.

Parent or guardian Signature:

Date:

Issue date: April 2023