“Superhero Saints”: Consent Form for Parents/Carers

**Name of young person:   
Gender:   
Date of birth:  
Next of kin (including relationship – e.g. mother)  
Address:**

**Postcode: Contact telephone number:**

**Alternative contact number in case of emergencies:**

**MEDICAL CONDITIONS AND/OR SPECIAL NEEDS:** Please note relevant medical conditions or medication needs. The event will include a break with water/squash and biscuits, so please include any allergies or dietary needs.

**MEDICAL CONSENT:** I give my consent for any medical treatment that may be necessary in the event of an emergency.

I accept that my child participates at their own risk.

**PHOTO AND VIDEO CONSENT (PLEASE SELECT WHETHER YOU GIVE OR DO NOT GIVE PERMISSION)**

I give/do not give permission for my child to be photographed and recorded for St Michael’s Church promotional materials including the web site and social media. (Your child will not be individually named)

**Other information:** Please give any other information you want to give eg. arrangements for collection.

**Future events**   
I do/do not consent to St Michael’s Church contacting me via email about children & young people’s activities. *We won’t pass your email address on to any third parties, and you can have your details removed from our records at any time by emailing* [*stmichaelandstpaul@btconnect.com*](mailto:stmichaelandstpaul@btconnect.com) *or phoning 01665 602797.*

**Email address:**

I give my consent for…………………………………to take part in games and craft activities in St Michael’s Church, Alnwick, on Thursday 1st November 2018 from 9.15-11am.

**Signature of Parent/Carer:**

**Consent Form Dated:**