

28 Domino Way, Aylesbury, Bucks HP18 0FZ, 01296 328523

# Friday, 25 November 2016

# Dear Parents / Guardians,

# I hope this letter finds you well and enjoying life. My name is Pete Telfer and I am the Youth Minster for Church on Berryfields. We are writing to you because we are excited that your child has expressed a desire to take part in our youth work (called ‘Fearless’) and we take safeguarding really seriously. Groups and events take place in various venues (including people’s homes) with DBS approved adults.

# The limits of this consent form are below:

**Examples of included** **trips**– Bowling, Unite, ice-skating, cinema, going to restaurants or cafes, visiting other local youth groups or churches, games at local parks

**Examples of not included trips** – Trips to churches which are not local, swimming, residentials, community action projects or more adventurous activities such as climbing / abseiling

# You will still be informed in writing (usually by email or letter) about all trips and activities. Leaders may need to know in advance whether or not they would like to come. We hope that by having already given your consent we will save you time and hassle. However, ***you may like to update the information, for example as your child matures, you may be happier for further details to be known such as email address, mobile phone numbers etc.*** However, it is vital that our records are kept up to date for your child’s welfare, **so we would ask for you to inform us of any changes immediately** (such as a change of address). Many thanks.

# If you have any questions or concerns about completing this form please feel free to speak to me, Gareth Lane or another member of the Core Leadership Team.

For diary dates and more details of all our activities do check out our website address below.

Thank you for your continual support and encouragement,

**Pete Telfer**

Youth Minister

Church on Berryfields

Aylesbury

07969 929 225

Youth@ChurchOnBerryfields.org

 [www.churchonberryfields.org](http://www.churchonberryfields.org) 

 **Fearless General Consent Form **

# Please complete and return this page to Pete Telfer

|  |  |
| --- | --- |
| **Details** | **Your Information** |
| Young Person’s name |  |
| Parent/ Guardian’s name(s) |  |
| Parental E-mail Address\*Address\*Postcode |  |
| Home Telephone Number |  |
| *Young Person’s* E-mail AddressMobile Number |  |
| Date of Birth / School Year |  |
| Any relevant medical conditions/ disabilities/ allergies or dietary needs |  |
| Emergency contact Name and number |  |
| Doctor’s name and telephone number |  |
| Any other relevant information including comments about what you’re happy with regarding social media contactPlease continue on a separate sheet if necessary |  |

\*Please highlight your preferred method of communication. Thanks.

***Parental Consent***

I give my permission for this young person to attend and take part in the normal activities of Fearless (see list of examples) and I give my consent for this young person to receive emails, Facebook and text messages and be part of appropriate Facebook/social media groups regarding Church on Berryfields activities.

I confirm that the information given in relation to this young person is correct to the best of my knowledge and I accept that it is my responsibility to inform Church on Berryfields of any changes to any of the above information.\*

I give permission for this young person to appear in photos and videos used (in agreement with the Core Team to publicise Church on Berryfields and the youthwork (e.g. for the website or posters).

I give permission for this young person to walk home alone after youth meetings on Berryfields, otherwise, I will ensure they are collected.

## Signature of Parent/ Guardian…………………………………………Date………………….

Medical Authorisation\*\*

In the event of illness or an accident requiring emergency hospital treatment and / or if I am not contactable, I am willing for this young person to receive any necessary hospital or dental treatment including an anaesthetic and I authorise the youth volunteers approved by the youthwork management team to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signed…………………………………………………………………..Date…………………...

Name (Parent/Guardian)………………………………………………………………………..

This must be completed by the young person’s parent/legal guardian.

I give permission for my child to be given paracetamol, if necessary:

Signed…………………………………………………………………..Date………...…………

\*Please note that this information will be kept in accordance with the data protection act for use only by Church on Berryfields and will not be passed on to any third party.

\*\*The medical profession takes the view that a parent’s / guardian’s consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parent/ guardian consent in advance or have a leader on hand to sign forms.