#  Annual Medical consent

**Starts (date / time) Various times and dates**

**Description of Activity This is the generic medical and consent form for the academic year 2022-2023. Please complete this form and return it to the youth team at the earliest convenience to ensure your child can participate in our generic youth sessions.**

**Name of Activity**

**Annual medical consent and contact information form**

**Key Organiser**

**St Mary’s Youth**

**Venue: St Mary’s Parish church, Church Street, Luton LU1 3JF**

**Transport: Please make your own travel arrangements too and from the venue. St Mary’s is not responsible for young people once they have left the venue. If transport by staff or DBS’d volunteers is required, you will be contacted beforehand.**

**Venue & Transport Details**

Young Person’s Details

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Sex** |
| **Address** | **Postcode** |  |
| **Contact Number** | **Email Address** |  |

Emergency Contacts

## Emergency Contact 1

**Relation to Young Person**

**Name**

**Name**

**Relation to Young Person**

**Address**

**Postcode**

**Contact Number**

**Email Address**

**Emergency Contact 2**

**Address**

**Postcode**

**Contact Number**

**Email Address**

Photographic Consent

We may take photographs or videos for a variety of reasons during an activity or event, ranging from archive records, press coverage of achievements, website material and for publishing resources. In order to comply with the Data Protection Act 1998, we are required to seek the permission of the person and, if they are under 18 years of age, parents or guardians, before recording and using such images. We will always seek to use photographs and video in a responsible way and we will not give your photos and video to another organisation or person without your consent.

### Are you happy for us to use your image / your child/charge’s image as detailed above (please tick): YES NO

Digital consent

As part of the youth ministry here at St Mary’s all of our communication directly with young people takes place through Discord. Discord is a digital server which allows people to communicate via channels and join video and voice calls with others in the server. The server is extremely locked down and only those that have consent via this form are permitted to be on the server. This is then monitored by senior members of staff, including the vicar for safeguarding. In addition, we deliver some youth groups digitally via the Discord server.

**Are you happy for your child to join our digital discord server (please tick):** YES NO

Family Doctor’s Details

|  |
| --- |
| **Name** |
| **Surgery Name & Address** |  | **Postcode** |
| **Contact Number** | **Email Address** |  |

Basic Medicines

Whilst we risk assess every activity, we are aware that minor injuries do occur. Please circle the following to allow us to administer basic medicines and treatments as needed whilst your child is in our care:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Basic Pain Relief – Paracetamol | Yes | No | Plasters for Small Cuts | Yes | No |
| Basic Pain Relief – Ibuprofen | Yes | No | Antihistamines for stings, bites and hayfever | Yes | No |

Medical Information

**Details of Medcial Conditions, Medications & Allergies**

The Leaders on any St Mary’s Youth trip/activity are responsible for keeping any medication safe until it is needed on behalf of your child. Please list all of your child’s medical conditions, medicines and allergies. Be sure to include full names of medicines and their dosages. Feel free to supply us with any other information you might feel useful to our successful care of your child.

Other Questions

Please answer the following questions by circling the appropriate box. Please write more details as necessary, attaching extra sheets if required. Please name any extra sheets in case they come apart from this form.

Has your child been in contact with any contagious or infectious diseases in the last 4 weeks? Please circle your Yes No response, writing extra details as necessary.

Does your child have any special needs we should be aware of. Please circle your response, writing extra details as necessary.

 Yes No

Yes No

Parent or Carer Medical and Consent

I sign below to agree that:

* I am the parent/carer responsible for the young person named on this form and I give my consent for them to attend this activity/event and take part in the outlined programme.
* I agree to pay for any damage to property caused by the young person, accidentally or otherwise
* I will inform St Mary’s Youth as soon as possible of any changes in any circumstances between now and the start of the activity/event.
* I will inform St Mary’s Youth as soon as possible of any changes in medical or other circumstances of my child between now and the end of the activity/event.
* I understand that the insurance cover provided by St Mary’s is limited to Public and Employers’ Liability Insurance.
* By signing this form, I give consent for St. Mary’s Youth team to contact me regarding my child and any future activities/groups.

Signed

Print

Relationship to Child

Date

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