

“Croydon Deanery Youth day for Altar Servers ”

Please note: All information is for our records only and will be treated as STRICTLY CONFIDENTIAL. Information will only be disclosed to those who require it (e.g. leaders, medical professionals etc), and all information will be kept secure.

**Group: Croydon Deanery
Southwark Altar Servers day
Saturday 14th November
2.00pm - 7.30pm (including 6.30pm
Mass) at Good Shepherd, New
Addington**

Parish:

Date(s) of event: Saturday 14th November

Young Person’s Details

Full Name:

.....

Gender: Male / Female

Date of Birth:.....

Address:

.....

.....

.....

Carer’s Details

Where possible please give details of both parents / carers. The Children’s Act states that consent has to be from both parents. ‘All reasonable’ steps should be taken to ensure this. It is important that the contact(s) given can speak English.

Carer 1

Carer 2

Full name:

.....

Daytime tel:

Evening tel:

Mobile:

Full name:

.....

Daytime tel:

Evening tel:

Mobile:

Group Leader’s Name:
Fr. Stephen Boyle
Good Shepherd Church
25 Dunley Drive
New Addington, Surrey, CR0 0RG
Tel: 01689 842644 email:sboyle@clara.net

Name of an additional contact:

.....

Their relationship to the young person:

.....

Their telephone number:

I, the parent / guardian, give permission for the named young person to take part in the activity mentioned above.

No responsibility can be accepted for the journey to and from the venue.

- I understand that during the event the group leaders will be in charge of the young person.
- The leader will take all reasonable care **but**
- I understand that the young people involved may not be *constantly* supervised.
- The young person understands that any serious misconduct on their part may affect their participation, according to the Code of Conduct, and that they may not be allowed to continue taking part in the event, or be allowed on future events.
- The leaders and anyone working with them cannot, in the absence of gross negligence on their part, be held responsible for any loss of or damage to personal effects.
- I give permission for photographs of the young person to be displayed for promotional purposes on the Croydon Deanery Youth Project, Southwark Diocesan website, Southwark parishes website, and in newspapers in a manner in which s/he will not be identifiable (please delete if you do not give permission).

Signed:.....

Date:.....

Name printed:.....

Medical and Essential information

The medical consent signed for below will only be exercised in emergency circumstances when the carer(s) and additional contact are unreachable.

We do not exclude young people because of their medical needs. However, it is essential that we have full details in order to provide the best standards of care. *If you need more space, please continue on a new sheet of paper.* If you wish to discuss this form further or if you have any concerns about any elements of this activity please do not hesitate to the group leader.

Does the young person have any medical condition?	Full contact details of the young person's GP: Name: Address: Telephone:
Does the young person have any regular medication or medical treatment? (name / dosage / purpose / self-administered?)	Does the young person have any allergies? (medication / food / environmental etc?) Any specific dietary requirements?

If known

Has the young person received a tetanus injection in the last 5 years?

Young person's blood group:

Having read the information sheet for this activity, is there any further information that we should be aware of?

- I will inform the activity organisers if my child comes into contact with any infectious diseases up to four weeks before the activity.
- I understand that I will be contacted in the event of the young person being taken ill or injured during the period of the above event, and that my consent will be requested for any treatment deemed necessary by the appropriate medical authorities.
- In the event that I am not able to be contacted and to the extent that a surgical operation or injection becomes necessary, I authorise the above mentioned group leader to sign on my behalf any forms of consent requested by the medical authorities, provided the delay required to obtain my own signature might be considered likely to endanger his/her health or safety.

Signed: **Parent / Guardian** (please delete as necessary)
Print name: **Date:**