

Dear Parent/Carer,

This is just a note to let you know how we will be handling your data at St Michael's Church with regards to the Children and Youth provision.

We collect personal data, to allow us to provide you with the information you need for the provision for your child. This includes news, events, WhatsApp updates, activities and general emails. We will only ever use your data for the purpose for which it was collected. We will not share your data with third parties. Your data, as well as weekly registers from the children's and youth groups will be treated as confidential and will be stored in St Michael's church office. The data will be accessed by the employed Children's or Youth Worker.

Full Name of Child			
Date of Birth			
Child's Address			
Parent/Carers Name			
Relationship to child			
Your Contact Details	Mobile Contact Number		
	Daytime Contact Number		
Other Emergency Contact	Name & Contact Number		
Contact Email Address			
Medical Conditions <i>Please provide full details of any disability, allergy or other medical conditions (e.g. asthma, epilepsy,, dietary needs, etc.)</i>			
Doctor's Contact Information <i>In the event of an emergency</i>	Doctor's Name & Practice		
	Doctor's telephone number		
	Date of last anti-tetanus injection (if known)		
	<i>In the event of an emergency and I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including anesthetic. (circle one)</i>		

<p>Does your child have any additional needs? Please provide details here.</p>	
<p>What support can we offer your child within his/her group? What support does your child receive within school?</p>	

Please **tick** here if you would like to meet with the Children’s or Youth Worker and Ali Gibbons to chat with you as a family, or as a parent, to see how we can better support your child at St Michael’s.

Image Consent

- May we use your child’s image within the church (PowerPoint/posters)? Y / N
- May we use your child’s image on our website? Y / N
- May we use your child’s image on social media? Y / N
- May we use your child’s image for publication in news/media? Y / N

Permission

I give permission for _____ to take part in the normal activities of St Michael’s children and youth work.

I understand that while involved, my child will be under the care and control of group leaders or other adult helpers approved by them. Whilst the staff in charge of the group will take reasonable care of the children, they cannot be necessarily be held responsible for any loss, damage, injury suffered by him/her during or as a result of the activity.

Data Consent

I consent to St Michael’s Church storing and using this information for the purposes of informed consent for activities in and surrounding the Children’s at Youth ministry. This data will be treated as strictly confidential.

Signed :

Print Name :

Date :

This form is valid for the duration your child or young person attends the provision at St Michael’s Church. It is your responsibility to let us know if you wish to withdraw or change consent at any time.

Please visit our website to read our church’s privacy policy.