In order for your son/daughter to attend the events hosted by CLCYouth, it is important that we receive a completed permission form.

Please note, that this permission form does not give permission for your son/daughter to attend ‘Limitless ONE’ or ‘Limitless Festival’ which each require additional permission forms respectively.

|  |
| --- |
| **Young Persons Details:** |
| First name: |  | Last Name: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| City: |  |
| Postcode: |  |
| Date of Birth: |  |
| School/College: |  |
| Young Persons Contact Number: |  |

*(Providing a number for your son/daughter is important for safety purposes but also helps us to keep them informed of upcoming events)*

|  |
| --- |
| **Parents/Legal Guardians Details:** |
| First name: |  | Last Name: |  |
| Home Telephone: |  |
| Mobile: |  |
| Email Address: |  |

**Medical Information**

**Note:** *THE MEDICAL PROFESSION TAKES THE VIEW THAT A PARENT’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 INISIST ON PARENTAL CONSENT TO TREAT A CHILD. HOWEVER, IT CAN BE OF COMFORT TO MEDICAL STAFF TO HAVE GENERAL CONSENT IN ADVANCE FROM PARENTS OR HAVE A LEADER ON HAND TO SIGN FORMS.*

**PLEASE TICK APPROPRIATE:**

Does your child suffer from any on-going or recurring illness?  **Yes No**

**If yes please give details below**

Does your child take regular medication? **Yes No**

**If yes please give details below**

Does your child have any known allergies, phobias or disabilities? **Yes No**

**(please include allergies to any types of medications)**

**If yes please give details below**

Does your child have any special dietary requirements? **Yes No**

**If yes please give details below**

In the event of any ‘homely’ medication (eg. Paracetamol, cough mixture, antacid) been required please state which you will permit to be given.

Is there any other personal information that CLCYouth should be aware of?

**If so please detail below, leave blank otherwise.**

|  |
| --- |
| **Please give details of your Childs GP** |
| Doctors Name: |  |
| Address Line 1: |  |
| Address Line 2:  |  |
| City: |  |
| Postcode: |  |  |
| Phone Number: |  |

**Permission:**

I give permission for my son/daughter to attend the CLCYouth Events during the year January 2019-2020 in the charge of the CLCYouth Team.

I give permission for my son/daughter to be photographed or filmed and the pictures and film footage used for CLCYouth publicity/CLCYouth film presentations. These photos/films are kept under a password access.

I give my consent to any medical treatment that may be required in an emergency by either a qualified medical practitioner or a qualified first aider. I will inform the CLCYouth team of any changes to the medical information supplied on this permission form.

Signed:

Date:

Data protection:

THE INFORMATION YOU PROVIDE WILL BE TREATED CONFIDENTIALLY. IT WILL ONLY BE PASSED ON TO OTHER MEMBERS OF THE STAFF AT THE CHURCH. THE INFORMATION WILL BE STORED ON A DATABASE SO THAT WE CAN KEEP YOU INFORMED OF WHATS HAPPENING. PLEASE LET US KNOW IF YOU DO NOT WANT US TO KEEP YOU INFORMED OR IF YOU WOULD LIKE TO SEE THE INFORMATION WE HOLD ABOUT YOUR SON/DAUGHTER.