



**Lifecentral Church
General Consent form – Youth**

This form should be completed for every young person attending Youth, Excel or CREWS

The Young Person's Details	
Full name of child/young person:	Date of Birth:
Attending (circle as appropriate) Youth Excel Crews	Male/Female
School year:	School name:
Address:	
Medical Information	
Does the child have any medical conditions we need to be aware of?	
Medical condition	If YES please give more information

We take the security of your personal information extremely seriously. Lifecentral Church only stores the personal information you give to us and you can amend or delete it at any time. Your information is used exclusively by Lifecentral Church to help us provide you with current and future information about church activities and for historical analysis. We do not pass any of your personal data to outside organisations and/or individuals, except with your express consent.

Please address all of your requests and/or queries about the information we hold on you or about the policies relating to data protection to the Data Protection Lead- Shaun Griffiths at shaun.griffiths@lifecentralchurch.org.uk or call 0121 501 3542.

Lifecentral Church's **Privacy Policy, Data Retention Policy and Information Security Policy** are available on our website or by asking at the Church Office for a fuller explanation of our dedication to data security.

Responsible Adult (Over 18 years)

() (tick) I am aware of the Data Policies and confirm that the details on this form are correct and I am happy for the church to hold this information until such a time as I inform them otherwise or my child leaves.

Signed Date

PLEASE CONTINUE OVER THE PAGE

Who has parental responsibility for the young person?		
Name	Address	Contact number





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		Mobile:	
		Phone:	
		Email:	
Please give the details of an additional contact in case of an emergency:			
Name	Address	Contact number	
		Mobile:	
		Home:	
<p><input type="checkbox"/> (<i>tick</i>) I give permission for _____ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.</p> <p><input type="checkbox"/> (<i>tick</i>) I understand that while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.</p> <p><input type="checkbox"/> (<i>tick</i>) I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then every effort will be made to inform me, first aid will be administered by qualified staff and professional medical help summoned if considered necessary.</p>			
Additional consent			
Consent	Yes	No	signature
I consent to my child being videoed/photographed for use within church			
I consent to my child being videoed/photographed for use on social media sites			
I consent to my child being videoed/photographed for use on church publications			