|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTAL CONSENT FOR AN ACTIVITY/EVENT WITH SYMT** | | | |
| 1. **NATURE OF EVENT/ACTIVITY: Explore: Lent** | | | |
| **Explore Lent with the Shrewsbury Youth Mission Team**  This event is an evening of contemporary worship music, teaching, testimony and fellowship. There will be prayer and icebreakers.  Where is it?  The event is based within Parishes, and also their Parish Hall’s if available  Signing in  Young people will be required to sign in as they arrive to the event for Fire Safety | | | |
| I agree to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name)*  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * I agree to his/her participation in the activities described; * I understand that group/activity photographs may be taken during the event, in line with the Church’s policy and I give my consent to this; * I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of this expectation. | | | |
| 1. **TRANSPORT ARRANGEMENTS:**   **(for which parents/carers hold responsibility)**  Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip. | | | |
|  | | | |
| 1. **CONTACT INFORMATION:** | | | |
| **Work /Mobile No:** |  | | |
| **Home Tel No:** |  | | |
| 1. **DECLARATION** | | | |
| In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. | | | |
| **Signed:** |  | **Date:** |  |
| **Full Name:** *(capitals)* |  | | |

**PHOTO CONSENT- EXPLORE: LENT**

|  |
| --- |
| **PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO**  **Shrewsbury Youth Mission Team** recognises the need to ensure the welfare and safety of all children and young people.  In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.  The named parish/event will follow the guidance for the use of photographs, a copy of which is available from:  *Safeguarding Office, Curial Offices, 2 Park Rd South, Prenton CH43 4UX (0151-652-9855)*  The named parish/event will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform:  Andrew O’Brien (Safeguarding Co-Ordinator) on the above Safeguarding Office address immediately. |
| **PARENT/CARER TO COMPLETE:**  I ………………………………………………………………………………………… *(insert name of parent/carer)* consent to the named parish/event photographing or videoing my child:  …………………………………………………………………………………………… *(insert name of child)*  I understand that these images will be displayed in the following circumstances: **Used for publicity of future Youth events, by SYMT or Diocese of Shrewsbury and will be used on the SYMT social media and website.**  and I hereby agree to this.  Signature: ………………………………………………………… Date: ………………………………………… |
| **CHILD/YOUNG PERSON TO COMPLETE:**  I …………………………………………………………………………… *(insert name of child)* consent to  photographing or videoing my involvement in the following activity:  **SYMT’s Explore: Lent evenings**  I understand that these images will be displayed in the following circumstances:  **Used for publicity of future Youth events, by SYMT or Diocese of Shrewsbury and will be used on the SYMT social media and website.**  and I hereby agree to this.  Signature: …………………………………………………………… Date: ………………………………………… |