



'Starship Discovery' / 'Shine' Parental Consent Form

Starship Discovery Holiday Bible Club | Mon 3rd – Fri 7th July 2023 6.30-8pm

Shine Youth Programme | Wed 5th – Fri 7th July 2023 | 6.30-8pm

Anything written on this form will be held in confidence

The Leaders need to know these details in order to meet your child's needs and to fulfil the Church Child Protection Policy. This form should be completed and returned before your child attends Jungle Jamboree/Shine.

Child's full name: _____ Date of Birth: _____

Name by which child is usually known: _____

Address: _____

G.P. Name & Address: _____

Parent/Guardian to be contacted in emergency: Name: _____

Contact Telephone Numbers: Home: _____

Mobile: _____

If unavailable, please contact: Name: _____

Phone Number: _____

Relationship to child: _____

Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the Leaders to know about:

If your child requires medication to be administered during the time that they are in our care, please speak to Sam Stevenson, who will make necessary arrangements.

Child Protection Policy

The Church Child Protection Policy is available from any Church Elder or from Heather Wallace - Designated Child Protection Person.

Photo/Video Consent

Photographs/videos may be taken during the week, and may be used in Church publications, Church Website, Local Newspapers and Social Media.

We are committed to ensuring that photographs and videos are kept securely and that consideration and sensitivity is shown in their appropriate use.

Do you consent to photographs/videos of your child being used in this manner?

Yes No

Child's full name: _____

Locations

Starship Discovery (Nursery-P6) – All activities will take place in the Church Hall.

Shine Youth Programme (P7+) – Activities will take place in the Church Hall and the grounds of Ardstraw Jubilee Primary School.

Young people will be required to walk between the Church Hall and Primary School and back, under the supervision of Leaders.

Shine Youth Programme only - Do you consent to your child walking, under supervision, as described?

Yes No

Transport

In emergency situations it may be necessary for your child to be driven home in a leader's car.

Do you consent to your child being transported in this way?

Yes No

Data Protection

We require personal information to ensure that we look after the well-being of all children & young people participating in Jungle Jamboree/Shine. All personal information is held in accordance with the General Data Protection Regulation (GDPR). Personal data is held securely. Following Jungle Jamboree/Shine, we'll archive this information in line with our retention policy. You have the right to ask for a copy of all data we hold about your child, this is known as a subject access request (SAR). We take data protection very seriously and further information about how we collect, process & retain personal data is provided in our Data Protection Policy.

Data Consent (Young Person – aged 13+)

If your child is aged 13 or over, we are required to ask for their permission to use their personal data contained within this document.

I permit Ardstraw Presbyterian Church to use my personal data enclosed on this form.

Signature: _____

Date: _____

(Signature of Young Person – aged 13+)

Data Consent/Consent to participate/First Aid/Emergency Treatment (Parent/Guardian)

I permit Ardstraw Presbyterian Church to use the data enclosed on this form regarding my child (if aged 12 and under) and for both people listed as emergency contact.

I permit my child to take part in all activities within the Church Hall/Primary School grounds ('Shine' only) and confirm that all details provided on this form are as accurate and up to date as possible.

In the event of an illness or accident, having parental responsibility for the child named on page 1, I give permission for first aid to be administered when considered necessary by a trained first aider or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, Leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any change in address or phone numbers given.

Signature: _____ Parent / Guardian Date: _____