Ardstraw Presbyterian Church
www.ardstrawpresbyterian.org

Parental Consent Form
2026 – 2027 Session

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 as soon as possible.

Please circle if your child attends the following:

Bible Class Boys' Brigade Girls' Brigade 'Ignite' (Youth Fellowship) Sunday School

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

Name by which child is usually known: _____

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 the leader-in-charge of the relevant organisation(s) who will make necessary arrangements.

Child Protection Policy

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

Photo/Video Consent

Photographs/videos may be taken during the activities of the organisations, and may be used in Church publications, Church Website 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: _____

Communication using IT

Leaders may contact your child via Whatsapp or Text Messaging (aged 16+), regarding activities within the organisations. Such use will be limited to communication about the activities of each organisation only.

Do you consent to your child being contacted by leaders using these methods?

Yes ☐ No ☐ N/A ☐

Transport

Children may be transported in a bus/leader's car to and from competitions/outings etc. An appropriate booster seat must be supplied for your child (if required).

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 transport as described?

Yes ☐ No ☐

Data Protection

We require personal information to ensure that we look after the well-being of all children & young people participating in our organisations. All personal information is held in accordance with the General Data Protection Regulation (GDPR). Personal data is held securely while your child is an active member of the organisation(s). If their membership becomes inactive, 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 of the organisations listed 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, when available 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: _____