



# “ReDefined” Parental Consent Form

6:30pm, Friday 14<sup>th</sup> October 2011 to 7:30pm, Saturday 15<sup>th</sup> October 2011

**URBAN  
SAINTS**

- Faith building training: High quality, relevant training on faith and life
  - Life stretching community action: Impacting the local community, putting what you've learnt in to practice
  - Soul impacting celebration: Join together for an evening of fun, challenge, and celebration
- Urban Saints complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

## **SECTION 1 – this data will help us to provide the best possible care for your child during the event.**

Name of child:	Date of Birth:
Address:	
Postcode:	
Contact tel. no(s). of parent/carer during the trip:	
Name of family Doctor:	
Address and phone no. of family Doctor:	
Please give any other information you think may be useful to us in caring for your child, e.g. dietary requirements, health problems, allergies, medication etc.	

## **SECTION 2 – to be read and signed only by a parent or other adult with parental responsibility.**

I give permission for my son/daughter to take part in this activity and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this trip.

I give permission for Urban Saints to process the personal data given on this form for use in relation to my child taking part in this activity.

I understand that by participating in this activity, video/photographs of my son/daughter may be taken with other young people for future promotional purposes.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

[ ] Cheque/cash enclosed for £12 (made payable to 'PHASE')

Signature: Parent or other adult with parental responsibility	Date:
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