

# Young person permission, St John's Bierley.

---

## ***The young person.***

Name:

Date of birth:

Address:

Telephone of young person:

Medical information and allergies we should know about, including treatment:

Food allergies and other information we may need to know:

How will the young person get home:

---

## ***Parent/Adult with parental responsibility.***

Name of parent/Adult:

Relation to young person:

Email of parent/Adult:

Telephone(s) of parent/Adult:

mergency/Secondary contact information:

Name:

Relation to young person:

Telephones(s) of parent/Adult:

---

I understand that my child may have access to computers and internet whilst at St Johns. Every effort will be made to ensure that Children using these facilities are doing so safely. Please cross out:

**YES I GIVE COMPUTER USE CONSENT / NO I DO NOT GIVE COMPUTER USE CONSENT**

---

I understand that images of my child may be taken as follows (a) by local media covering activities that show St Johns Church in a positive light. (b) by photographers acting on behalf of St Johns Church for use in display and publicity material, including online and in printed publicity.

**YES I GIVE PHOTO CONSENT / NO I DO NOT GIVE PHOTO CONSENT**

---

I understand that some activities are DROP IN eg homework club, where young people can come and leave at anytime during the activity. All other activities, young people will not normally leave before the end time, and we would expect advice from a parent if leaving early was required.

**YES I GIVE PERMISSION FOR MY CHILD TO LEAVE AT ANY POINT DURING A DROP IN SESSION.**

**NO DURING DROPPIN SESSIONS I EXPECT MY CHILD TO SATY TILL THE END.**

---

I give permission for my child to attend activities at St John the Evangelist Church, Bierley unaccompanied. I understand that the above details may be kept on an electronic database and in paper format. In case of emergency, should I be unable to be contacted, I give permission for my child to receive emergency medical treatment including the use of anesthetics as considered necessary by the medical authorities.

Signed:

Name:

Date

Please see over for DATA Protection Information

By signing this form you are confirming that you are consenting to the PCC of St John the Evangelist, Bierley holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-

I consent to the church contacting me by  post  phone or  email  sms (text).

To keep me informed about news, events, activities and services at St John's (*note you can unsubscribe from the church e-bulletin at any time*);

To including my details in the 'Church Directory' which is circulated to some Church officers. **(It is essential for us that you tick this box).**

Signed: \_\_\_\_\_ Dated:

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Parish Office.

You can withdraw or change your consent at any time by contacting the Parish PCC secretary at St John's church. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

If you do not consent to the above, we may not be able to visit you e.g. when sick. Data is not shared.

Signed: \_\_\_\_\_ Date:

Relationship to child:

Information on Data protection policy and safeguarding policy and more can be found on

<https://bierleychurch.com/docs/>