*At the Lantern Church we take our duty of care very seriously, and always adhere to the Canford Magna Churches Safeguarding Handbook found on the following website -* <http://www.canfordparish.org/> *(see pages 3-4). In order to help us provide the highest quality of care and protection please could you complete a consent form for each young person attending our activities and groups. To save unnecessary form filling,* ***this form will be valid for 3 years*** *from the date of signing.* ***If any details change, please inform us immediately****. All information will be logged securely into the Lantern’s database and forms will be kept securely in compliance with the Data Protection Act 1998.* ***Your details will never be passed on*** *to a third party.* ***Please let Lantern Youth (01202 883309) know if you have any questions about this or any of the content in this form.***

**Personal Information  
Basic details**

Name of Young Person: Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

School Year: \_ School / College: Gender: M / F (please circle)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Young Person’s Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see consent overleaf)

Young Person’s E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see consent overleaf)

Parent’s email address (for forms etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of any court orders:**

Due to the legislation contained within The Children Act 1989, it is also important that our youth leaders are made aware of any court orders which have been made against your child. Should this be applicable, please indicate the nature of the order below:

**Emergency Contact Details**

Please provide at least two numbers for yourself as the parent or guardian, and then at least one other person whom you give permission for us to contact in the case of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Contact** | **Relationship to Child** | **Contact Number 1** | **Contact Number 2** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Medical/Wellbeing Information**

Any known medical conditions (please circle): Yes / No If “yes” please give brief details:

Details of any medication being taken, allergies or dietary requirements:

**If your child requires medication during activities please ensure it is clearly named and the dose required clearly indicated and it is given to a leader for safekeeping, when your child arrives.**

Family Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent**

*Please be aware that significant outings, residential trips or any activities that may involve extra risk will require a specific consent form which will be distributed closer to the time.* **Please circle your response.**

|  |  |
| --- | --- |
| **Attendance** |  |
| I give permission for my child to attend regular Lantern Youth meetings **at The Lantern Church** (including Sunday mornings and Lifegroup) | Yes / No |
| I give permission for my child to attend regular Lantern Youth meetings **at The Pulse** (including Friday Youth Club and Lifegroup) | Yes / No |
| I give permission for my child to attend Lantern Youth meetings organised **off-site** by the Youth Pastor (such as Lifegroup, and group social trips to a cinema, café, park or restaurant) | Yes / No |
| I give permission for my child to **meet 1:1 with a Lantern youth leader** who meets all of our safeguarding requirements (including mentoring at a café or another public place) | Yes / No |
| I give permission for my child **to attend extra local events (in Wimborne, Poole or Bournemouth)** which I have been informed about and are being organised by The Lantern Youth | Yes / No |
| **Travel** |  |
| I give permission for my child to **travel in a minibus** with the Lantern Youth, driven by a youth leader who meets all the legal and safeguarding requirements | Yes / No |
| I give permission for my child to **travel in the car of a youth leader**, who meets all the legal and safeguarding requirements, and who will always have a third person alongside them in the car. (I understand that this may differ in cases of emergency) | Yes / No |
| I give permission for my child to **make their own way** **to and from the Lantern Church** for regular groups | Yes / No |
| I give permission for my child to **make their own way to and from the Pulse** for regular groups | Yes / No |
| I give permission for my child to **make their own way to and from off-site activities** run by The Lantern Church | Yes / No |
| **Media** | |
| I give permission for **photos / video to be taken of my child** whilst they are participating in Lantern Youth activities. | Yes / No |
| I give permission for my child to have their photo taken and/or be filmed and for these **images to be used on-site** at The Lantern and The Pulse for: wall displays, flyers and in church gatherings. | Yes / No |
| I give permission for my child to have their photo taken and/or be filmed and for these **images to be used publicly** on the Lantern website, social media pages (Instagram and Facebook) and ‘private/closed’ Facebook groups managed by the youth pastor. | Yes / No |
| **Communication** |  |
| I give permission for **my child** **to be contacted directly by a Lantern youth leader** with regards to the details of scheduled Lantern events, or in the case of emergency in line with the Lantern’s safeguarding policies via: (tick as appropriate)   * Email * Text Message * Phone Call (only in the case of emergency) | |

**Signed (Parent/Guardian): Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Behaviour and Additional Consent** |

* My child and I understand that while participating in the Lantern Youth activities, they are required to follow all the instructions given by their leaders in order to keep everyone safe and have fun. If my child does not comply with these instructions, I understand that leaders may discipline my child in line with the Lantern Youth safeguarding and discipline policies (this may include collecting my child from activities early).
* I understand that The Lantern Youth is part of The Lantern Church, and my child may be taught life lessons from the Bible, and that all activities are underpinned with a Christian ethos.
* I give my consent to my child having any emergency medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable.
* I understand that I must update the leaders of any changes to the information that I have provided.
* I give my permission for this information to be stored on the Lantern Church secure database.

**Signed (Parent/Guardian): Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**