

The Benefice of Great Gransden, Abbotsley, Little Gransden and Waresley

GENERAL CONSENT FORM for REGULAR GROUP ACTIVITIES

To be completed by the parent or guardian

Name of Group:	Usual activities of the group:
Child's Full Name: Date of Birth:	Address:
Are there any medical or dietary concerns that we should know about you child?	
Name of parent / guardian (please print)	Telephone number Mobile number Email:
Name of additional contacts (optional)	Telephone number

Important Notes

1. It will be the Group Leader's responsibility to care for your child whilst attending the group mentioned above. It is the parent or guardian's responsibility to care for the child once the group activity has finished and also to deliver and collect the child to and from the group unless other arrangements are agreed. Arrangements made with private individuals for transport to or escorting children home from the activity do not fall within the remit of the church's safeguarding policy.

2. **Photographs** We respect the privacy of all individuals. Photographs taken by the group leaders may be displayed in church or used on the church and diocesan websites or social media pages to advertise or record events. We will adhere to your chosen preferences and consent for publication of photographs. (see over)

3. The PCCs have a **Social Media Policy**. It is sometime helpful to communicate directly with older children about the group's activities via email. If this happens emails will be copied to parents too. Very occasionally it could be helpful to use text messages. If you prefer your child not to be contacted via email or text messages please say so. (see over)

4. All those who work with children are required to report any obvious or suspected cases of child abuse to the relevant statutory authorities. In the case of this occurring please understand that we will act in what we believe to be the child's best interest.

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I have read and understand notes 1, 2 & 3 above and I give permission for my child to take part in the normal activities of the group.

Signed:

Date:

If photographs are taken as part of the activity I give* / do not give* consent for my child to be included.

Signed:

Date:

Please indicate if you wish to restrict publication of photographs to specific media platforms.

Signed:

Date:

Group Leaders may wish to communicate directly with my child via email. I give* / do not give* consent.

Signed

Date:

Group Leaders may wish to communicate directly with my child via text. I give* / do not give* consent.

Signed

Date:

Group Leaders

This form should be filed when the child/young person joins the group, and retained in your group's records