**Parish GIFT Parental Consent Form** (August 2021 – July 2022)

Parish GIFT (Growing in Faith Together) is an interactive programme for ages 11-14 and takes place in the Parish. Parish Gift’s purpose is for the young people to continue their faith journey after Confirmation with their friends in a fun, engaging, and caring environment.

1. ***Details of Child***

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female (please circle)

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

***Medical Conditions:***

Outline any medical conditions your child may have and the severity of your condition(s). E.G. Nut Allergy – mild or airborne. Asthma – Frequency of inhalers.

***Medication Required:***

Give details of any medication you take for the medical conditions above and list medication that you must carry with you including inhalers, EpiPen’s or insulin. **Please note:** The leaders cannot administer any medication or intimate care, please discuss this with the programme leader who will work with you to try and establish how your child can be accommodated.

***Dietary Requirements:*** Does your child have any dietary requirements?

(please circle)

Vegetarian Vegan Gluten Free Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Additional Information:***

Is there any additional information that you would like to share with the Parish GIFT programme leader so that your child can be fully supported while at the programme?

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1. ***Details of Parent/Guardian***

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contact 2***

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parish GIFT Programme Details***

***Venue:*** e.g Down and Connor Parish Hall

***Day & Time:*** Mondays from 7pm – 9pm

***Dates:*** August 2nd, 9th, 16th, 23rd and Sept 6th, 13th, 20th, 27th

1. ***Parental/Guardian Agreement***

* I give permission for the child named above to participate in the **INSERT NAME OF PARISH** Parish GIFT programme between 1st August 2021 and 31st July 2022. I understand the programme leader may contact me with times, dates & venues of Parish GIFT Sessions. Yes ☐ No ☐
* I understand it is my responsibility to arrange the drop off and collection of my child to/from the Parish GIFT Programme at the agreed times and venues. Yes ☐ No ☐
* I give consent for my child’s image to be used for promotional materials within the Down & Connor Trust including use on social media. Photographs will only be permitted to be taken by the programme leader. Yes ☐ No ☐
* In the event of illness or an accident, I give permission for medical treatment to be administered to my child, where considered necessary, by a suitably qualified medical practitioner and/or hospital. Yes ☐ No ☐

July 2021: NI Direct guidelines state that: If your child or anyone in your household develops any of the following symptoms of COVID-19 they should stay home and arrange to get tested as soon as possible:

* a new, continuous cough
* a high temperature/ fever
* a loss of or change in sense of smell or taste
* I will follow NI Direct guideline as outlined above or any updated guidance available at [www.nidirect.gov.uk/campaigns/coronavirus-covid-19](http://www.nidirect.gov.uk/campaigns/coronavirus-covid-19) Yes ☐ No ☐

In the event of the Parish GIFT programme not being able to meet in person, the leadership team may decide to continue the programme virtually using an Online Platform (e.g. Zoom). All ‘Online Ministry’ with Under 18’s will be delivered in line with the Safeguarding procedures outline by the Down & Connor Safeguarding Office.

* I give consent for my child to take part in Parish GIFT Online Sessions in the event of the group not being able to meet in person. Yes ☐ No ☐

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

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_