



A National
Christian
Youth
Organisation

Crusaders

Meets - Kingswood School

Time - 3:15pm - 4:15pm

Day - Fridays

Leaders - Mrs Tracey
Brunlon

Tele - 01622-298917

Mobile - 07789-268352

Mr. Peter Roberts.

Tele - 01622-843625

Mobile - 07771-937648

Parental Consent Form – Kingswood Crusaders
Urban Saints Group Membership 2023-24

This Form should be completed by the child's parent or other adult with delegated parental responsibility.

Name of Group: Kingswood Crusaders (known nationally as Urban Saints)

Section 1 – This data will enable us to contact you should we need to and provide the best possible care for your child during normal Group meetings.

Name of child:	Date of birth:
----------------	----------------

Home Address:	Postcode:
---------------	-----------

Names of parent(s) or other adult(s) who have delegated parental responsibility for the child:
--

Contact phone numbers for parent(s), or other adult(s) with delegated parental responsibility:		
Day:	Evening:	Mobile:
Contact email:		

If the child does not live with the parents(s) or other adult(s) with delegated parental responsibility, with whom do they live:	
Name:	Relationship to child:

Name of family Doctor:	
Practice Address:	
Phone number:	

Please give details of any health problems, medical conditions or allergies affecting your child, medication they are taking or additional needs that may affect normal activity:

I give permission for sticking plasters to be used on my child when necessary: YES NO

We will contact you (using the details you have given above) to keep you informed about our Group activities.

Section 2 – To be read and signed only by a parent or other adult with delegated parental responsibility .

I give permission for my child to take part in the normal weekly activities of the Group. I understand that the leaders will take all reasonable care in looking after my child, but they cannot necessarily be held responsible for any loss or damage to property.

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

I give permission for Kingswood Crusaders (Urban Saints) to process the personal data given on this form for use in relation to my child attending the Group and for use in safeguarding records.

I understand that on joining the Group my child will become a member of Kingswood Crusaders (Urban Saints), giving them full and unrestricted access to all the services that the Group offers.

I understand that Kingswood Crusaders (Urban Saints) will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in its full Privacy Policy: www.urbansaints.org/privacypolicy

I consent to the Kingswood Crusader Leaders contacting me in relation to Group activities using Email, SMS text/mobile or phone call.

I give consent for Kingswood Crusaders (Urban Saints) to include my child in photographs and/or videos taken at Group activities which may be shared with the Group.

1. I will be collecting my child after Crusaders*
 2. My child is allowed to go home on his/her own after Crusaders*
- * Please delete as appropriate.

Signature:

Date:

Parent or other adult with
delegated parental responsibility.

Please print your name:

In the event of any query, please contact either of the Group Leaders:
Tracey Brunton (01622 298917/07789 268352 or Peter Roberts (01622 843625/07771 937648).