

# OLI YOUTH MINISTRY

## CONSENT FORM

Full Name of Child	
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Please state any medical condition(s)/ allergies (if there are any)

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Person to contact in case of emergency

Name / Relationship	
Mobile Phone number	

I understand and agree that my child's participation in the **OLI Youth Ministry Event(s)** is with my full understanding regarding any health or medical conditions they may have. And, I am responsible for ensuring that they have their own medication(s) with them. I fully that the OLI Youth Leaders on duty at the time are not liable in any way for prescribing or disposing of any medication (i.e. paracetamol, anti-histamine, etc), and therefore, are **ONLY** required to provide **First Aid** in the event of a crisis/accident.

I consent to photos and/or videos being taken during **OLI Youth Ministry Event** only for social media purposes.

*Please tick as appropriate:*

I consent to photos/videos being taken

I do not consent to photos/videos being taken

Child's Signature	
Parent/ Guardian to sign for Child under legal age (i.e. below 18 years of age) <b>Please sign yourself if you are 18 and over.</b>	
Parent's/ Guardians Name and Signature	
Address and PostCode	

Date	
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**Note:**

*Please submit this form through the letter box at the **Church Presbytery** before the OLI Youth Event, or at the start of the session.*

*This form is **only** for OLI Youth Ministry Events taking place on the premises of Our Lady Immaculate, Parish, Tolworth. Offsite events will require separate consent forms to be completed.*

Jefin John

**Our Lady of Immaculate, Tolworth, Youth Ministry**