## **OLI YOUTH MINISTRY**

## **CONSENT FORM**

Full Name of		
Participant		
Participant's DoB		
Please state an	y medical condition(s)/ allergies (if there are any)	
Per	son to contact in case of emergency	
Name /		
Relationship		
Mobile Phone		
number		
Email		
Please tick as appropr	iate:	
	email address being stored and used by OLI Youth re information about future events and initiatives	
☐ I do not consent to my email address being stored and used by OLI Youth Ministry to receive information about future events and initiatives		

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 understand 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.

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
Participant's Signature	
	ian to sign for participant under legal age (i.e. below 18 years of age) sign for themselves if they are 18 and over.
Parent's/ Guardians	
Name and Signature	
Address and Postcode	
Date of Signature	

## Note:

Please submit this form through the letter box at the **Church Presbytery** before the OLI Youth Event, or hand it to a Youth Leader at the start of the session or email it to tolworthyouth@rcaos.org.uk.

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.

## Our Lady of Immaculate, Tolworth, Youth Ministry