

The Parish Church of
St Michael & All Angels
Paulsgrove



Safeguarding
Information

for

Name _____

Registration Record for Activities at St Michael & All Angels

To be completed for all children and young people below 18 years attending a church-related group or activity (one-off or regular)

Activity / activities

Family contact details

Child's full name: Date of birth:

Full name of parent / guardian:

Home address:

Home phone / mobile number: Home email:

School: Church group(s):

About your child

While your child is in our care, it would be helpful for us to know if he/she has any allergies, is on any medication, or has anything else you think it is important for us to know – for example, if your child has any special needs.

- Does your child have any food allergies? (please specify)
- Does your child have any other allergies? (please specify)
- Is your child on medication? (please specify)
- Does your child have any special needs? (please specify)
- Is there anything else you would like us to know about your child?

Emergency contact details for parents / guardians

Contact phone number during group or activity time:

Contact name for an alternative adult in case of emergencies:

Relationship to child:

Arrangements for collection *(please delete as appropriate)*

Will your child be brought to and collected from the group? Yes / No

He / she will be collected by..... Relationship to child:

Name of anyone NOT allowed to collect your child *(if applicable)*

Does your child have your permission to travel to and from the group unaccompanied? Yes / No

Declaration

I give permission for my child to attend the above group and take part in the specified activities.

Signed (parent / guardian) Date:

Photo Consent Form

Parish of St Michael & All Angels, Paulsgrove

We sometimes take photographs or video footage which may appear in our printed publications and/or on our website. We will, however, only include images of children in our publicity with the consent of their parents or guardians.

For completion by a names representative of the church:

Name **Mrs Sue Birchmore**

Role **PCC Safeguarding Representative**

Images may be used for (tick as appropriate):

Church notice board

Published material

Church website

Donor reports

(Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies)

Images may be stored in the following ways – please indicate if there is a method of storage that you are not agreeable to. Many images will be destroyed after use.

Computer file

Album

Filing Cabinet

Consent of parent or guardian

I consent to images of my child below named being used and stored, solely for the purposes specified above.

I agree that my child may be identified by name **OR** I wish the identity of my child to be protected in all publication of images *(Please delete as applicable)*

This agreement refers only to photographs / videos taken by those authorised by St Michael's PCC.

Name of child:

Name of parent / guardian:

Address:

Signature:

Date:

The contents of this document are
confidential and should only be
used by those authorised to do so.