

PARENTAL CONSENT FORM

Please complete one form for each child under 18

Name of the administrative body: Bahá'í Council for England	Name of Representative: Marion Pollit
Children's Class/Junior Youth group: Assigned on arrival	Event: Northern England Bahá'í Summer School
Venue: Queen Ethelburgas Collegiate, Thorpe Underwood Hall, Thorpe Green Lane, York, YO26 9SS	Dates From & Until: Thursday 3rd – Tuesday 8 August 2017

TO BE COMPLETED BY THE YOUNG PERSON'S PARENT / GUARDIAN

Full Name of Young Person:		
Date of Birth:		
Home Address:		
Telephone number (Landline & Mobile):		
Contact mobile number at the Event:		
Email:		
I advise you that the above child has the following medical condition(s) (e.g. asthma, hay fever, food allergy):		
Please give details of any medication your child is currently taking or may need to take:		
Is there anything else you would like the organisers to know in relation to the well-being of your child for the duration of the event? If yes, please give details:		
In an emergency, please contact the person below if you cannot get hold of me:		
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Name:</td> <td style="border: none; width: 50%;">Telephone:</td> </tr> </table>	Name:	Telephone:
Name:	Telephone:	

PARENTAL CONSENT (PLEASE READ CAREFULLY & SIGN BELOW):

- * I am the legal parent / guardian of this young person
- * I consent to the above young person regularly attending the group and participating in the activities organised by and under the auspices of the above-named Bahá'í administrative body; its representative named above has explained to me the nature and scope of the activities the young person may be engaged in
- * I agree that you may exercise my parental responsibility for the duration of the event as you may consider reasonably necessary
- * I authorise you to seek medical attention for my child as you deem necessary in case of emergency or concern
- * I have been made aware that from time to time, additional teachers may conduct the group, and that they will always have obtained clearance to work with young people
- * I consent to details of the group, including the name of my child, being kept confidentially in the Bahá'í records.

	Please put a tick in the box if you have any objection to photographs and videos of your child(ren) being used in publicity materials
Signature of Parent / Guardian:	Date:
Please Print Your Name:	

<i>Note to the Event Organisers only:</i> After the Event this form should be returned to The National Spiritual Assembly of the Bahá'ís of the United Kingdom, 27 Rutland Gate, London SW7 1PD who will keep it on behalf of the (insert name of EVENT)	
The organisers should also keep a photocopy or electronic copy for their records for THREE months. After that they can be destroyed.	
National Spiritual Assembly	Guidance for Residential Schools