

BAHA'I COUNCIL FOR NI PARENTAL CONSENT FORM (all participants to age 18)

Event /Class/Group: _____ **Children's Class/Junior Youth**

Venue: _____

Teacher(s): _____

Contact Person: _____

Date / Duration: _____

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

Full Name of Young Person: _____ **Date of Birth:** _____

Home Address: _____

Telephone Number (Landline & Mobile): _____

I advise you that the above child has the following medical condition(s) e.g. Asthma: _____

Please provide us with more information

In an emergency, please contact the person below if you cannot get hold of me:

Name: _____ **Telephone:** _____

PARENTAL CONSENT (PLEASE READ CAREFULLY & SIGN BELOW):

1. I am the legal parent / guardian of this young person.
2. I consent to the above young person attending the event /regularly attending the group/class and participating in the activities organised by _____ and under the auspices of the Baha'i council for Northern Ireland its representative named above has explained to me the nature and scope of the activities the child / young person may be engaged in.
3. I agree that you may exercise my parental responsibility for the duration of the event/ class /group as you may considered reasonably necessary.
4. I authorise you to seek medical attention for my child/young person as you deem necessary in case of emergency or concern.
5. I have been made aware that from time to time, additional teachers may conduct the class / group, and that these will always have clearance to work with children/ young people.
6. I consent to details of the group, including the name of my child, being kept confidentially in Bahá'í records.
7. I consent to my child travelling to and from the event via private transport (if relevant)

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.

Please also be aware that social media sites such as Facebook may be used as a form of communication between group members and facilitators of Junior Youth/ Youth groups/activities. If this causes concern please feel free to discuss with us

Signature of Parent / Guardian: _____ **Date:** _____

Please Print Your Name: _____

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