



Parental Consent Form: 2025-26

In order for your child/young person to attend a group at St John's Community Church, & for us to be able to meet their needs, we need a completed parental consent form for each new academic year.
All information written on this form will be held in strictest confidence & in compliance with GDPR.

Name of group(s) your child attends (please tick all that apply):

Little Friends

Sunday Stars

The Mess

F'n'F#1

F'n'F#2

Your child's details:

Full name:

Name known by:

Date of birth:

Address:

Postcode:

Details of any known medical conditions:

Food allergies or specific dietary requirements:

Any other needs or requirements that may be helpful for leaders to know about:

Your contact details:

Name:

Relationship to child:

Home phone number (including dialling code):

Mobile number:

Are you happy to receive information/notifications about the group(s) your child attends by text message?

Yes/No

Additional Contact Details (if the above contact is not available):

Name:

Relationship to child:

Home phone number:

Mobile phone number:

Doctor's information:

Name:

Practice name & address:

Phone number:

Use of Photographs and Media:

At St John's Community Church, we may occasionally take photographs &/or videos of group activities for use on our church website (www.stjohnscommunitychurch.org.uk), social media, or for printed publicity.

Do you give your consent for us to include photographs &/or videos of your child on:

Church website? Yes/No

Social media? Yes/No

Printed publicity? Yes/No

Consent:

I give consent for my child to take part in the normal activities of the above group(s) at St John's Community Church: Yes/No

I give consent for my child to take part in supervised activities of the above group(s) in Chase Terrace Park (next door to St John's Community Church): Yes/No

In the unlikely event of illness or accident, I give my permission for medical treatment to be administered, where considered necessary, by a nominated first aider, or by a suitably qualified medical practitioner: Yes/No

Should my young person require emergency treatment, I authorise a leader to sign, on my behalf, any written form of consent required by the medical authorities. I understand that every effort will be made to contact me as soon as possible: Yes/No

Signed _____ Date: _____

Please print your name: _____

Please return the completed form to a group leader - thank you.

Please save relevant contact details in your mobile phone:

Gemma Wallace: 07980 653083 (Little Friends, Shooting Stars)

Helen Emery: 07939 810516 (Super Stars)

Anji Haywood: 07736 449096 (The Mess)

Ellen Nicholls: 07933 531645 (F'n'F#1)

Dave Moss: 07938 925855 (F'n'F#2)

Marie Hiley - Church Office: 01543 670078 (open weekdays, 9am-1pm)

Kathy Louis - Safeguarding Officer: 07914 355404

Matt Wallace - Vicar: 07855 960179

Address: St John's Community Church, High Street, Chase Terrace, Burntwood, Staffordshire, WS7 1LR

Email: info@stjohnscommunitychurch.org.uk **Website:** www.stjohnscommunitychurch.org.uk

You can withdraw or change your consent at any time by contacting a group leader or by contacting: Marie Hiley, Parish Administrator, St John's Community Church, High Street, Chase Terrace, WS7 1LR 01543 670078; info@stjohnscommunitychurch.org.uk.

If you do withdraw overall consent for your child, then your child will be unable to attend the group(s).

Please note that all processing of your personal data will cease once you have withdrawn overall consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.