



Name of Parish:.....

Name of Vincentian Coordinator:.....

Participation in the Mini Vinnies.

Please use BLOCK CAPITALS throughout

Name of young person:

Date of birth:

Gender:

Parent/carers contact details

Name of parent/carers:

Parent/carers phone number:

Relation to the Child:

Parent/carers email address:

Address:

Emergency contact details

Name of emergency Contact:

Emergency phone number:

Relation to the Child:

Emergency email address:

Address:



St Vincent
de Paul Society

England and Wales

Turning Concern into Action

✉ youngvincentians@svp.org.uk

☎ 020 7703 3030

Registered charity number 1053992

A company limited by guarantee: 3174679



Medical Information

The medical consent signed for below will only be exercised in emergency circumstances when the parent/carer(s) are unreachable.

We do not exclude young people because of their medical needs. However, it is essential that we have full details in order to provide the best standards of care. If you need more space, please continue on a separate sheet of paper. If you wish to discuss this form further or if you have any concerns about any elements of the activity please do not hesitate to contact us.

Does the young person have any specific needs that we need to be aware of?

Does the young person have any medical conditions?

Does the young person have any regular medication or medical treatment?

(name/dosage/purpose/ administered)

Does the young person have any allergies?

(medication/food/environment etc)

Does the young person have any specific dietary requirements?

Contact details of the young person's GP:

Name:

Address:

.....

.....

Telephone:

Does the young person have any fears, phobias or difficulties we should be aware of?

If known:

Has the young person received a tetanus injection in the last 5 years?

Young persons blood group?

Is there any further information that we should be aware of?



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Photo Consent

The Parish of would like to record still and/or moving images of you for use in the promotion of its activities. Your image will be stored on our digital systems and may appear in its original or edited format in our printed publications, videos, websites, or on all three, without limitation of time or geography. We may also use these images still and/or moving in the Catholic press and within Catholic networks e.g. the SVP, to promote the work of the parish and the Society of St Vincent de Paul. We will not use the images taken, or any other information you provide, for any purpose other than that described above and we will not include more than two identifying features where people under the age of 18 are concerned. To comply with Data Protection regulations, we need your consent before we take any photographs or make video recordings of you. If you are happy to give your consent, please read the following statement, then sign and date this form to indicate your agreement. If the subject of the images is aged under 16 years a parent or guardian should sign this form. The same applies if the individual is believed not to have the capacity to make an informed decision for themselves. I hereby give permission to the Parish of..... to publish my photograph/s and use my image for promotional activities and for the purposes described above. I understand that no fee or royalty is payable in respect of the use of my image now or in the future.

We may wish to use your image in any of the following ways (please tick one or both boxes):

- ☐ A photograph or photographs that may be used in printed publications, social media (eg Facebook) and/or websites
- ☐ A video that may be shown on social media (eg YouTube), websites and/or shown at an event



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Specific Consent

Name of person(s) in imageDate of Birth.....

Address

Parent/legal guardian's name (if applicable)

Signature Date

Tel no Mobile no Email

School Name and town

I, the parent / guardian, give permission for the named young person to attend the event mentioned above

- I acknowledge the need for the young person to behave responsibly and will ensure that s/he is aware of this.
- I understand that for this event the appointed adult named above is responsible for my young person.
- I understand that they are only responsible for the young person while they are at the event. They will take all reasonable care but I understand that the young people involved may not be constantly supervised.
- I understand that the leaders and anyone working with them cannot, in the absence of gross negligence on their part, be held responsible for any loss of or damage to personal effects.
- I will inform the activity organisers if my child comes into contact with any infectious diseases
- In the event of an illness or accident every effort will be made by the leader(s) to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present

Signature:
(of parent/ guardian)

Date:.....

Name (printed):



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