**[NAME OF EVENT]**

**[VENUE]**

**Consent Form and Medical Details**

[DATE AND TIME]

The Prayover is an opportunity to stay up all night with a like-minded group of young people, making new friends, having fun and discovering many new ways of praying.

* Details about any payment required
* Details about anything the young person needs to bring
* Emergency contact number for parents

Name of participant:

Age and date of birth:

Name of parent/guardian:

Address:

Contact telephone numbers: *Home*

*Emergency Other*

Please note below any medical conditions or special dietary requirements the leaders may need to be aware of (e.g. diabetes, epilepsy, respiratory problems or any other underlying conditions). This information will only be shared with the group leaders and medical personnel, as necessary.

**Please read the following and sign to give your consent:**

I give my consent as the parent/guardian of the above named young person for them to attend **[name of event]** at **[venue]** on **[date and time]**. I also give my permission for the group leaders to take and store photographs and video footage appropriate to the programme, which may be used for display or for publicity purposes.

This consent also gives my permission for the Party Leader(s) to be “in loco parentis” to my child and shall be effective throughout the duration of the retreat.

*The term ‘loco parentis,’ is given to a person who does not have personal responsibility for the child, but who has the care of the child, may do what is reasonable in all circumstances of the case for the purpose of safeguarding, or promoting the child’s welfare (Section 3, sub section 5 Children’s Act, 1989).*

***Please delete as applicable*: I will be collecting my child from [venue] / my child will be travelling home by themselves**

Signed Date:

(Parent/guardian)