

Ver 4 October 2025

Young Person Consent Form

for the Chase Team, Malvern

St Andrew's is Registered Charity Number 1128973. All Saints and St Mary's are Excepted Charities. www.chaseteam.org

I give permission for (name of young person): to take part in a range of young people's activities at either St Andrew's, All Saints or St Mary's.
I understand that while involved he/she will be under the control and care of adults approved by the churche leadership and that, while the person in charge of the group will take all reasonable care of the young people, the cannot be held responsible for any loss, damage or injury suffered during, or as a result of, the activity. Your privacy is important to us, but we want to be able to communicate with you in a way which has your consen
Please fill in the contact details below that you want us to use to communicate with you. We would also like you permission to include your child's name and details in ChurchSuite (which will generally not be widely visible).
By completing this form and signing it you are confirming that you are consenting to the Chase Team, Malver holding and processing your personal data for the following purposes (please tick all the boxes where you grar consent - note you can unsubscribe at any time, see below).
In the unlikely event of illness or accident, I give permission for any necessary medical treatment t be given by a first-aider. In an emergency and if I cannot be contacted as indicated, I am willing for th young person named above to receive dental or hospital treatment, including anaesthetic if necessary I understand that every effort will be made to contact me as soon as possible.
I consent to the churches contacting us as indicated to keep us informed about news, events, activitie and services relevant to young people at St Andrew's, All Saints, St Mary's and other churches an related organisations in the area.
I consent to my child's name and details being included in ChurchSuite.
☐ I give permission for the child's photograph to be taken and used for church publicity purposes.
I confirm that the details given overleaf are complete and correct to the best of my knowledge.
Signed: Date:
Print name:
Relationship to young person:(must be parent or legal guardian)
Contact information (Name, address, e-mail and phone number please)

You can grant consent to all, some or none of the purposes. Where you do not grant consent we will not be able to use your personal data; except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Team Office (see below).

You can withdraw or change your consent at any time by contacting the Chase Team Administrators (e-mail administrators@chaseteam.org, telephone 01684 576582, or write to Chase Team Office, St Andrew's Church Centre, Churchdown Road, Malvern, Worcestershire WR14 3JX). Please note that all processing of your personal data will cease once you have withdrawn 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.

When filled-in, this form contains personally identifiable information and must be appropriately protected

When filled-in, this form contains personally identifiable information and must be appropriately protected



Young Person's Details

This information is required if the young person is involved in any young people's activities. This information will be used by the young people's leaders as necessary. Please use one form per young person

Group(s) or Activity(s): Young people's activities connected with either St Andrew's, All Saints or St Mary's		
Name of child:	Date of Birth:	
Address:	Contact Email:	
Emergency Contact (Name, relationship, phone no.)	Emergency Contact (Name, relationship, phone no.)	
1. Emergency Contact (Name, relationship, phone no.)	2. Enlergency Contact (Name, relationship, phone no.)	
Name & contact details of Child's Doctor:	School attended (if applicable):	
Details of any medical condition & treatment:	Details of any allergies:	
Details of any special educational needs:	Any other relevant information (e.g. dietary	
• •	requirements):	
Please note: It is the parent's / legal guardian's responsibility to keep the churches informed		

When filled-in, this form contains personally identifiable information and must be appropriately protected

of any change to the above details. To do so, please contact Team Administrators as indicated

overleaf. Please turn over, complete and sign the other side of this form.