Parental Consent Form
Fort Rocky 12th – 14th February 2027
Eaton Vale, Norwich

Cambridge & District YOUTH FOR CHRIST

Cambridge & District Youth for Christ will hold and use all the data given on this form in accordance with GDPR.

SECTION 1 – this data will help us to provide the best possible care for your young person during the event.

Name of young person:	Name(s) of parent/carer:
Date of Birth:	Phone number(s) of parent/carer:
Address:	Email address(es) of parent/carer:
Postcode:	Church / Group Name:
Name of registered GP:	Phone number of GP:
Address of GP surgery:	

Please give any other information you think may be useful to us in caring for the young person, e.g. dietary requirements, accessibility needs, health problems, allergies, medication etc.

SECTION 2 – to be completed and signed only by a parent or carer/guardian.

I give Cambridge & District Youth for Christ permission to photograph/film my child. ☐ Yes ☐ No

I give Cambridge & District Youth for Christ full rights to use any photographs/video footage (and any reproductions or adaptations) for fundraising, publicity or other purposes to help achieve their aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications. ☐ Yes ☐ No

I give permission for my child to take part in this activity and I understand the nature of the activities that will be undertaken. I understand that the leaders will take all reasonable care in looking after my child but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this event.

I give permission for Cambridge & District Youth for Christ to process the personal data given on this form for use in relation to my child taking part in this activity.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature:	Date: