

# IMPACT TRIP TO RHONDDA VALLEY

To be completed by a parent or guardian.

All the information in section 1 is on the church database ([www.churchsuite.co.uk](http://www.churchsuite.co.uk))

## YES / NO / UNSURE

(If YES, please circle & complete only section 2. If NO or UNSURE, please circle & complete both sections 1 & 2.)

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### Section 1

Name of young person;

Date of Birth;

Address;

Post Code;

School;

Your name;

Your contact number;

Your email;

Medical information of young person  
(E.g allergies, medication, dietary requirements etc);

Additional needs information  
(E.g. dyslexia, aspergers, ADHD etc.);

I am happy for my child's photo to be taken and used for

- Internal presentation (E.g. Sunday Services, church communication)
- External presentation (E.g. Church website, community communication)

*We will store this information digitally & securely until the September after your child's 18th birthday. We will use it to contact you and them with information about activities for young people at St Michael's that we think may be of interest. If you do not wish for this to happen please tick this box*

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### Section 2

I give my consent for my child to attend this trip and am happy for the youth team to act in loco parentis in the unlikely event of any medical emergency.

Signed;

Date;