Southwark Cathedral SleepOut

cathedral@robes.org.uk

0207 407 623


# **Young People (aged 7-17)**

# **Booking and Consent Form**

**PART 1 Details of the young person**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  | DOB |  | Age in Nov ‘23 |  |
| Address |  |
| Phone |  | Email |  |

**PART 2 Details of the responsible adult accompanying the young person (parent / guardian / person acting in loco parentis such as youth worker or teacher)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | DOB |  |
| Address |  |
| Phone |  | Email |  |
| Relationship to the child / young person |  |

**PART 3 Emergency contact details for child / young person named above**

***Please provide details of two people who can be contacted in case of an emergency***

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | DOB |  |
| Address |  |
| Phone |  | Email |  |
| Relationship to the child / young person |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | DOB |  |
| Address |  |
| Phone |  | Email |  |
| Relationship to the child / young person |  |

**PART 4 Medical information for the child / young person named above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any known medical conditions that could affect participation in the event (including mental health)? | Yes [ ]  | No [ ]  | Please Specify |  |
| Does your child have any known allergies? | Yes [ ]  | No [ ]  | Please Specify |  |
| Is your child currently taking any medication / receiving medical treatment? | Yes [ ]  | No [ ]  | Please Specify |  |
| Is assistance required in taking the above medication? | Yes [ ]  | No [ ]  | Please Specify |  |
| Can pain relief medication be given if necessary? | Yes [ ]  | No [ ]  | Please Specify |  |

**PART 5 Parental / Legal Guardian Consents**

**Loco Parentis – Parent / Legal Guardian Consent**

*\*Please note that this should only be signed by the Parent / Guardian if they are entrusting their child / young person into the care of someone acting in Locus Parentis on the evening of the SleepOut, eg youth worker, teacher, family friend*

|  |
| --- |
| I consent to the person above named in Part 2 of this document acting in loco parentis for the duration of the SleepOut. |
| Signature |  |
| Name |  | Date |  |

**Media Consent**

*\*Please note that there is likely to be filming on the night of the SleepOut*

|  |
| --- |
| I consent to photos / videos / sound recordings / live footage of my child being used for internal and external publicity purposes, and / or for the use of broadcast and print media |
| Signature |  |
| Name |  | Date |  |

**PART 6 Young Person Agreement (to be signed by the young person if they are aged 12 – 17 years of age & counter signed by parent / guardian) *\*Please note children 7 – 11 years of age do not have to sign***

|  |
| --- |
| I wish to take part in the SleepOut, and agree to:* Follow instructions by the organisers of the event
* Act responsibly during the SleepOut, including sleeping in emergency provision instead of outside if the severe weather protocol is activated
* I agree to entrust my care to my parent / guardian / person acting in loco parentis
* Hand in my donations at agreed dates
 |
| Signature (Young Person) |  |
| Name (Young Person) |  | Date |  |
| Signature (Parent / Guardian) |  |
| Name (Parent / Guardian) |  | Date |  |