

**Have your say – Consent form**

We’re planning to ask young people about …………………………………………………….... and we’d love your child to be involved.

*Please complete this form and return it to the person named at the end:*

**Name of young person**

Address

Telephone/email

Age and Date of Birth

Group/church/school which the participant represents

Any medical conditions or dietary requirements which the organisers need to be aware of

**Name of parent/guardian**

Address

Telephone/email

I/We give permission for (name) to take part. YES/NO

I/We give permission for photographs, videos or comments relating to this consultation to be used in publications and the parish website. YES/NO

I/We give permission for my child to be contacted via email in relation to the details and feedback from the consultation. YES/NO

Signed Parent/Guardian

Please return this form to:

Name

Telephone/Email

Address