

SAFEGUARDING FORM H
EVENT CONSENT FORM



Name of Church:

Name of Group:

Name and dates of trip/event:

Full name of Child/Young Person:

Known as:

Address:

Age:

Date of Birth:

Post Code:

Mobile No.:

Name of Parent/Guardian:

Address [if different from above]:

Home Telephone No.

Mobile

Emergency Contacts

Please provide details of two emergency contacts and where they can be contacted during the period of the event/trip.

Contact 1:

Contact 2

Name:

Name:

Relationship to child/young person:

Relationship to child/young person:

Contact Number[s]:

Contact Number[s]:

Medical Information:

Any known medical conditions [physical or mental health]:

Details of any medication being taken during the event/trip:

[If you use an inhaler for asthma, please remember to bring a spare one with you.]

Any allergies to medication:

Medical Information [cont.]:

Any food allergies or special dietary requirements:

Any special access needs:

Name, address and telephone number of family doctor:

NHS Number:

Date of last Anti-Tetanus Injection:

Declaration

I agree to my son/daughter receiving medication as instructed and I give my consent to any medical or dental treatment [including anaesthetic] that may be considered necessary by the medical authorities present in the event of an emergency.

Signed:

Print Name:

Is there any extra information of which we should be aware to enable us to provide additional support?

Please give details of any court orders:

Multimedia images:

It is possible that during the event, your child/young person below the age of 18 may be photographed or recorded [audio or visual]. The organisers of the event will take steps to ensure that these images are used solely for the purposes that they are intended, which is the celebration and promotion of the Methodist Church's work with children and young people. If you become aware that these images are being used inappropriately you should inform an official as soon as possible. The Methodist Church takes the issue of child safety very seriously and we believe we have a duty of care. This means that images of children and young people will remain unidentifiable, with names and identifying information being withheld.

Please read the above and sign as appropriate:

I give*/I do not give* my consent to my child being photographed and recorded and the images used as stated above.

**Please delete as appropriate*

Signed:

Over 18 attendees to complete:

I give*/I do not give* my consent to being photographed and recorded and the images used as stated above.

**Please delete as appropriate*

Signed:

I confirm that I give my consent for my son/daughter to take part in this event/trip and that all the information I have given is accurate. I will inform the group leader as soon as possible should there be any changes to the information I have given:

Signed:

Print Name:

Date: