Consent form

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| **General Information** |
| Name and dates of event: |
|  |
| Name (of child): |  |
| Date of birth: |  |
| Address: |  |
|  |
|   |
| Name of parent/guardian: |
|  |
| Contact details: |
|  |
|  |
| Tel no: (home and mobile): |
|  |

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| **Emergency Contacts** |
| **Since we need to ensure that everyone is safe, even though they will be in your charge, please provide details of two emergency contacts and where they can be contacted during the period of the event/trip.** |
| **Contact 1:** Name: |
|  |
| Relationship to the child: |
|  |
| Contact number(s): |
|  |
| **Contact 2:** Name: |
|  |
| Relationship to the child: |
|  |
| Contact number(s): |
|  |

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| **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 areused 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. |

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| **Please read the above and sign as appropriate:** |

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| **Parents/guardians to complete** - *\*please delete as appropriate* |
| I give\*/I do not give\* my consent to my child being recorded and the images used as stated above. |
| Signed: |

|  |
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| **Over 18 attendees to complete -** *\*please delete as appropriate* |
| I give\*/ I do not give\* my consent to be recorded and the images used as stated above. |
| Signed: |

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| **I confirm that I give my consent for my son/daughter to take part in this event 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: |