



**YOUTH CLUB - Members Consent Form**

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Details of any regular medication, medical problem** (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) **or disability which may affect normal activity:**

With whom does the child live? \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

Name of additional contact (*grandparent etc or other holding parental responsibility*) if parent/guardian not available.

\_\_\_\_\_ Telephone number \_\_\_\_\_

**I give permission for \_\_\_\_\_ and \_\_\_\_\_ to pick up my child from youth club if I am unavailable to do so.**

From time to time we would like to take photographs of your child for publicity purposes, in signing this form you agree to let your child participate in having his/her photo taken and for Copplestone Methodist Church to use these.

I give permission for my child's information to be held on the church database for use within this organisation only.

I give full permission for the above child to attend Copplestone Church Youth Club.

I understand that weekly activities may involve transporting the above child for external events (ie swimming, games evening). I give my full permission for the above to be transported to and from and be involved in any such activity. I accept full responsibility to ensure the above child is both brought to and collected from Youth Club at the appropriate time. Please note: if you would like your child to walk home, please sign an additional form.

I will ensure my child brings any medication they may require to Youth Club.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anesthetic. I understand that every effort will be made to contact me as soon as possible.

**I confirm that the above details are complete and correct to the best of my knowledge.**

**Signed (parent/guardian)** \_\_\_\_\_

*N.B. The information part can be completed by a carer. Only those with parental responsibility (eg: this does not include a foster carer) can sign the consent.*

*Please note: all of the leaders at the youth club have DBS certificates. We adhere to Copplestone Methodist Church's safeguarding policy, a copy of which can be found on the church website: [www.copplestonechurch.org.uk](http://www.copplestonechurch.org.uk).*



**NOTE**

*This form must be completed for anyone who is identifiable in photographs appearing on the Copplestone Methodist Church website or displayed in the church building itself. Completed forms will be stored in the church office for future reference as necessary.*

**Copplestone Methodist Church**

**CONSENT FORM FOR CHILDREN/YOUTH**

I consent for photographs of my child to be placed on the Copplestone Methodist Church website or displayed in the church building or at church events.

I understand that the church will ensure that the name or address of anyone involved will not be used.

Full name of Child/Youth .....

Name of Parent/Guardian\* .....

\* if child is under 18

Signature of Parent/Guardian .....

\* if child is under 18

Date .....