



PULSE

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 _____

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 Pulse.

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 Pulse at the appropriate time. .

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

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) **Date**

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.

Please Turn Over



NOTE

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

Copplesstone Methodist Church

CONSENT FORM FOR CHILDREN/YOUTH

I consent for photographs of my child to be placed on the Copplesstone 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

Copplesstone Methodist Church

CONSENT FORM FOR CHILDREN/YOUTH (External Activities)

I understand that at least once a month we will be doing activities away from the church building. This may be to go swimming, down the park, forest walks, beach trips etc. With this form I consent for my child/children to go on these external activities.

Full name of Child/Youth

Name of Parent/Guardian*

* if child is under 18

Signature of Parent/Guardian

* if child is under 18

Date