

FUSION

Fusion youth & Kids registration and consent form Wesley Methodist church, Elm road, Leigh-on-Sea

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND BRING WITH YOU

Youth Leader Jonathan Logan

Parents name:

Parents Email:

☐ Please tick this box if you want us to keep you informed via email with all of our future dates, events, information etc.

Home address:

Mobile:..... Tel number.....

Child's Name:..... D.O.B:.....

School attended: School year:

DIETARY NEEDS

Does he/she have any dietary needs? YES/NO

If yes please provide details.....

HEALTH INFORMATION

Does he/she suffer from any allergies or medical problems? YES/NO

If yes please provide information.....

Is there any relevant information on your child's health/diet or behavioural issues which may require treatment/special attention (but which is not sufficient to prevent him/her joining the programme) must be stated below. Please indicate whether there are any activities in which your child should not participate for health reasons.

.....
.....
.....
.....

DECLARATION

1. I have read the information about the programme and understand that if I have any queries I can discuss them with the staff at Fusion youth & Kids.
2. I give my consent to my son/daughter/ward attending Fusion youth & Kids @ Wesley Methodist Church.
3. I understand that while my son/daughter/ward are participating in the programme they will be subject to the general code of behaviour and will be required to obey the instructions and advice of youth workers and accompanying adults, otherwise they may be sent home if necessary.
4. I understand Fusion youth @ Kids and Wesley Methodist church will do everything in its control to protect my son/daughter/ward's personal possessions but cannot be held responsible for any loss or damage.
5. My child is in good health to the best of my knowledge and I consider him/her fit to take part in the programme.
6. I am happy for this information to be stored on a separate usb drive that connects to a computer. I understand the usb drive will be kept in a safe locked area.
7. I am happy for any photos to be taken of my son/daughter/ward and to be used for any advertising or media presentations for Fusion youth & Kids and Wesley Methodist church. If I do not wish for this to happen I will put it in writing.
8. *In the event of an accident or illness I understand that every effort will be made to contact me but if this is impossible I authorise **(the staff of Fusion youth & Kids/Wesley Methodist church)** to consent to any medical treatment including inoculations, surgery, dental work, or blood transfusions from a qualified medical practitioner which in the opinion of the qualified medical practitioner may be necessary for my child in the course of the programme, or offsite activity.
9. **If you do not want your child to have their nails painted or have a temporary tattoo, please could you inform the person on registration.**

By completing and signing this form you are agreeing to the named young person participating in the programme at Fusion youth & Kids/Wesley Methodist church.

Signed Parent/Guardian:..... Date.....

Please print name:.....

*Note the medical profession takes the view that parental consent to medical treatment cannot be delegated. This is explicit in the Child Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the co to particular treatment has the right to do. However, it can be a comfort to medical staff to have general consent in advance from parents.