

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND BRING WITH YOU

Fusion Youth Leader: Emma Hearn

CHILD / YOUNG PERSON'S DETAILS

Name:

D.O.B:

Home address:

Postcode:

School attended:

School year: 1 2 3 4 5 6

PARENT / GUARDIAN'S DETAILS

Parent / Guardian's name:

Email address:

Home telephone number: **Mobile:**

Please tick this box if you **do not** want us to keep you informed via email with all of our future dates, events, information etc.

EMERGENCY CONTACT DETAILS

If you would like the parent / guardian listed above to be our first emergency contact, then please tick this box and give one further contact

Otherwise please give two full emergency contacts below:

1. Name: **Relationship:**

Home Telephone No: **Mobile No:**

2. Name: **Relationship:**

Home Telephone No: **Mobile No:**

HEALTH / DIETARY INFORMATION

Known Medical Conditions:	
Known Allergies or Intolerances:	
Medications:	
Dietary Needs:	

OTHER RELEVANT INFORMATION

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

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PRIVATE AND CONFIDENTIAL

Notes to Parents / Guardians

- All information on this form will be processed in accordance with the GDPR
- All information, photographs and other media related to your child will be used in accordance with the Church’s safeguarding policy and The Methodist Church’s Safeguarding Handbook.
- Copies of these documents are available on request.

PARENT / GUARDIAN’S CONSENTS

I do / do not give permission for members of Fusion Youth & Kids staff to authorise emergency medical treatment for my child; should they be required, if I cannot be contacted.

I do / do not give permission for trained members of Fusion Youth & Kids staff to provide first aid to my child if it is required.

I do / do not give permission for a trained member of Fusion Youth & Kids who has a current DBS to escort my child to hospital if the need should arise, in my absence.

I do / do not give permission for my child to be photographed and included in other media by an authorised member of staff during Fusion Youth & Kids activities.

I do / do not give permission for images of my child to be used in Fusion Youth & Kids or church publicity including, but not limited to; the church website, church newsletters, newspaper articles, etc.

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 at 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 at 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, alongside a hard copy, for use at Fusion Youth & Kids and any other Wesley Methodist Church events the named child/young person attends.
7. I take responsibility for informing Fusion Youth & Kids of any changes to the information on this form, which I will inform the team of in writing.
8. 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 child/young person participating in the programme at Fusion Youth & Kids at Wesley Methodist Church, and that the declaration and consents will also apply to any other activities that the child/young person participates in at Wesley Methodist Church.

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

Please print name: