

PEACE UNITED METHODIST CHURCH

Parental Consent for church youth activities

Youth details

Full Name

Address

.....

.....

TelephoneE-mail address

Date of Birth

While your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or has any medical conditions or disabilities.

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Details of any Medication (please ensure an adequate supply is brought to events, if it could be needed and given to one of the organisers)

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Details of any dietary requirements

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Parent or guardian's name and contact details during event (at least 2 numbers).....

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Phone Number Mobile Number

If parent or guardian isn't available please contact (at least 2 phone numbers).....

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Phone Number Mobile Number

Family doctor's name, address and telephone number

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Consent

I give consent to my child taking part in group social events (this could include nights away and coach / mini bus trips) and group Sunday morning events during the service.

I agree to photographs and short videos of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet.

I agree to any emergency treatment to be given as considered necessary.

The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.

We recognise that circumstances/information changes and if it does it is my responsibility as a parent/guardian to make the organisers aware in writing so that changes can be made to the existing form or a new form can be completed.

Signed Date