



# Parent Consent Form

Anything written on this form will be held in consent. The leaders need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend **Youth Fellowship** and to participate all their activities.

<b>Child's full name:</b>	
<b>Preferred name:</b>	
<b>Address:</b>	
<b>Details:</b>	<b>D.O.B:</b> <b>Age:</b> <b>Gender:</b>
<b>Emergency Contact details:</b>	<b>Mobile:</b> <b>Work:</b> <b>Home:</b>
<b>If unavailable contact:</b>	<b>Name:</b> <b>Phone:</b> <b>Relationship to child:</b>
<b>If unavailable contact:</b>	<b>Name:</b> <b>Phone:</b> <b>Relationship to child:</b>
<b>GP details:</b>	<b>Name of GP:</b> <b>Contact number:</b>
<b>Known conditions, Allergies or medication:</b>	
<b>Special needs or requirements:</b>	

I will inform the leaders of any important changes to my child's health, medication or needs and also of any change to our address or to any of the phone numbers given above. In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital or medical treatment, I authorize an adult leader to sign on my behalf any written form of consent required. However, I understand that every effort will be made to contact me as soon as possible.

<b>Name printed in full:</b>	
<b>Relationship to child:</b>	
<b>Signature:</b>	
<b>Date:</b>	

#### **Date Retention Statement:**

The date collected on this form is held for the sole purpose of the named church. Written consent will be kept securely on file by the named church for a minimum of seven years, as per the regulations stated in Taking Care, the Safeguarding Policy for the Methodist Church in Ireland. If the form is no longer required it will be destroyed appropriately. All members have the right to be forgotten' and can request that the named church clarify what details have been stored about them. However, due to any potential child protection, health and safety or security issues, information may need to be retained, if deemed necessary. If you wish to understand more about how the named church collects and processes data to compliant with GDPR, please request the privacy policy.

#### **Photo/ Video / Social Media**

During the time your child will spend with us, photograph and / or video may be taken for general church purpose. This may include publicity and different social media platforms. No child will ever be named without express permission of the parents.

Due to COVID- 19 our youth ministry in Ballinamallard will look different over this next year, will this in mind youth fellowship will run face- to face meetings alongside Zoom.

If you are happy with this policy, please tick this box.

*Our Instagram account:* Ballinamallardyouth

#### **Walking Home**

I give permission by ticking this box  for my child to walk home after youth fellowship on their own.