

**MENSTON METHODIST CHURCH  
CHILDREN'S & YOUNG PEOPLE  
CONTACT / CONSENT FORM**  
*(A separate form must be completed for each child)*



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Sun Club / Friday Club / Vivace / Tennis Club / Messy Church / Friday Live

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NAME OF CHILD: ..... DATE OF BIRTH: .....

ADDRESS: .....

.....

..... POST CODE: .....

NAME OF PARENT(S)/GUARDIAN(S)/PERSON(S) WITH PARENTAL RESPONSIBILITY:

.....

.....

TEL. NO: ..... MOBILE CONTACT NO: .....

EMAIL CONTACT ADDRESS: .....

**Please indicate any allergies, dietary requirements or health problems of which we should be aware:**

**PHOTOGRAPHS & VIDEO RECORDING**

***Please tick all the boxes which apply.***

I consent for my child to:

- be photographed and videoed by people authorised by the group to do so.
- have their photograph displayed and video shown within our church building.
- have their photograph appear in the Church Magazine and on the Church website.
- have their photograph shared on the Church's public access Facebook page and/or in the local press. In this case no child's face will be shown.

**No child will be identified by name.**

**COLLECTION OF YOUNG PEOPLE AFTER CHURCH ACTIVITY**

**If my child attends Sun Club (*tick one box only*):**

I will collect him/her from the Sun Club room after the service.

**OR**

my child can come and find me on the church premises.

**For all other groups:**

I consent to my child leaving the premises/group without an adult to supervise, and/or to going home without an adult accompanying them. I accept that the group leaders are not responsible when my child leaves the group/premises depending on the location being suitable.

I require that my child remains within the premises/group at all times and is **NOT ALLOWED TO LEAVE THE PREMISES UNLESS ACCOMPANIED** by his/her parent/guardian listed on this form, a youth leader, or Minister or any one of the following adults who have our permission:

- I. ....
- II. ....
- III. ....
- IV. ....

**MEDICAL CONSENT:**

In the event of an emergency I give my consent to any medical or dental treatment (including an anaesthetic) that may be considered necessary by a doctor/dentist.

**DATA PROTECTION:**

I consent that my personal data and that of my child be held securely by Menston Methodist Church and that I may be contacted with information about the group(s) my child attends.

We would love to keep you in the loop (by email) about specific events and activities you or your child might be interested in. Please tick if you are happy for us to do this.

SIGNED: .....

NAME : .....

DATE : .....

**Please return completed form to the Group leader.**