

# PARENTAL CONSENT FORM

Methodist Church in Ireland



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

Group/ Congregation:

## PARTICIPANT DETAILS

Child's full name:

Preferred name:

Home address:

Personal details:

D.O.B.

Age:

Gender:

## PARENT/ CARER DETAILS

Parent/ Carer Name:

Relationship to child:

Best Contact Number:

## CONTACT COMMITMENT

I agree that I will be contactable by phone at all times during any programmes that my child attends.

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## EMERGENCY CONTACT DETAILS

2nd Emergency contact.

(Please note that this number must be contactable at all times during programme.)

Name:

Relationship to child:

Best phone number:

3rd Emergency contact.

(Please note that this number must be contactable at all times during programme.)

Name:

Relationship to child:

Best phone number:



The Methodist Church  
In Ireland

## MEDIA CONSENT

During the time your child will spend with us, photographs and/ or video may be taken for general church purposes and social media. For this, we need your permission.

If you are happy with this, please tick this box:

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## MEDICAL DECLARATION

Name of GP:

Contact  
number:

Known  
conditions,  
allergies or  
medication:

Special needs or  
requirements:

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the contact details 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 treatment, I authorise the leadership team to take my child to a suitable hospital. I understand that every effort will be made to contact me as soon as possible.

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## PARENTAL CONSENT

I give permission for my child to attend and to participate in the activities associated and organised by the named church/ organisation.

Signature:

Date:

## GDPR STATEMENT

The data 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 the General Data Protection Regulations for the Methodist Church in Ireland. If and when the form is no longer required it will be destroyed safely and securely. 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 be compliant with GDPR, please request the privacy policy.

