| **Date and Location of event:**  15th-17th March 2024  Action Centres UK Ltd, Pioneer Centre, Cleobury Mortimer, Kidderminster, DY14 8JG | |
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|  | |
| **General Information** | |
| Name of Child: |  |
| Date of Birth: |  |
| Age at the event: |  |
| Address: |  |
| Name of parent / carer: |  |
| Email address: |  |
| Phone number: |  |
| Group name: |  |
| Group leader: |  |

| **Emergency Contact details** | |
| --- | --- |
| **Contact 1** | |
| Name: |  |
| Relationship to child: |  |
| Contact number(s): |  |
| **Contact 2** | |
| Name: |  |
| Relationship to child: |  |
| Contact number(s): |  |

| **Medical Information** | | | | |
| --- | --- | --- | --- | --- |
| Any known medical conditions (physical or mental health): | |  | | |
| Details of any medication to be taken on the trip: | |  | | |
| Any allergies to medication: | |  | | |
| Any food allergies or dietary requirements: | |  | | |
| Any special access needs: | |  | | |
| Name and address of family doctor: | |  | | |
| NHS Number: | |  | | |
|  | | | | |
| Declaration: I agree to my son/daughter receiving medication as instructed and I give my consent to any medical or dental treatment (including an anaesthetic) that may be considered necessary by the medical authorities present in the event of an emergency. | | | | |
| Signed: |  | | Print name: |  |
| Is there any extra information of which we should be aware to enable us to provide additional support? | |  | | |
| Please give details of any court orders: | |  | | |

| **Multimedia Images** |
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| It is possible that during the event, your child/young person below the age of 18 may be photographed or recorded (audio or visual). The organisers of the event will take steps to ensure that these images are used solely for the purposes that they are intended, which is the celebration and promotion of the Methodist Church’s work with children and young people. If you become aware that these images are being used inappropriately you should inform an official as soon as possible. The Methodist Church takes the issue of child safety very seriously and we believe we have a duty of care. This means that images of children and young people will remain unidentifiable, with names and identifying information being withheld. |
| **Parents/carers to complete - \*please delete as appropriate:**  I give\*/I do not give\* my consent to my child being photographed and recorded and the images used as stated above. |
| **Young person to complete - \*please delete as appropriate:**  I give\*/I do not give\* my consent to be photographed and recorded and the images used as stated above. |

| **I confirm that I give my consent for my child to take part in this event/trip and that all the information I have given is accurate. I will inform the group leader as soon as possible should there be any changes to the information I have given.** | |
| --- | --- |
| Signed: |  |
| Print name: |  |
| Date: |  |