

Consent Form

| | | | 5 | Generau | event | | | |
|---|-----------------|--------------------------------|-------------|----------------------------|-----------------------|------------|-----------|--|
| Date: | 4 th | - 6 th October 2024 | | | Venue: NEC Birmingham | | | |
| | | | | Group D | etails | | | |
| Group: | | | | | | | | |
| Group Leaders | s: | | | | | | | |
| | | | Pa | rticipant | Details | 3 | | |
| Full Name: | | | | • | | | | |
| Address: | | | | | | Post Code: | | |
| Date of Birth: | | | | Age at event (on 06/10/24) | | | Sch Yr | |
| Gender: Female / Male / Other | | Pronouns: (Optional) | | Mobile No.: | | | | |
| | | | Indiv | idual Red | quireme | nts | | |
| Any known medical conditions (Physical or Mental Health) (e.g. diabetic, bipolar etc.) | | | | | | | | |
| Details of medication being taken during the event e.g. type of medication – tablets, liquid etcdosage and when taken, type of inhaler etc. (NB: epipens and inhalers must be kept with the attendee at all times) | | | | | | | | |
| Are there any specific requirements or special needs? (e.g. hearing/visual impairment, mobility problems, autism, anxiety, understanding or communication issues etc) | | | | | | | | |
| Any serious allergies or allergies to medication? (please note allergies such as penicillin, latex or anything that may cause an asthma attack) | | | | | | | | |
| Are there any dietary requirements? (including vegetarian/vegan/pescatarian, gluten free, dairy free, allergies, intolerances or diseases e.g. Coelliac, Crohns, Colitis etc.) | | | | | | | | |
| | | Emer | gency Conta | act Detai | ls (pleas | se pro | vide two) | |
| First Name: | | | | | Surname: | | | |
| Relationship: | | | | Mobile number: | | | | |
| Address (if diffe | erent 1 | to attendee): | | | | | | |
| First Name: | | | | Surname: | | | | |
| Relationship: | | | | Mobile number: | | | | |
| Address (if diffe | erent 1 | to attendee): | | | | | | |
| | | | | GP Det | tails | | | |
| Name of GP: | | | | | | | | |
| GP address (in emergency, we medetails) | | | | | | | | |

Programme details will be confirmed closer to the event. A variety of activities will be available to participants which include some sporting activities including team sports, exercise machines etc.

Multimedia Images

During the event, attendees may be photographed or recorded (audio or visual) Methodist Church Children, Youth and Family staff 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 not include names and identifying information.

Parent/Carer Declaration

- I understand the participant (named overleaf) will be under the care of the group leader(s) (named overleaf) throughout the trip and give my consent for the participant to take part in 3Generate (including all activities), as part of this group.
- I confirm that all the information required by the leaders of the group has been provided on this form or separately (e.g. allergies and dietary requirements).
- I confirm that any medication required by the participant will be labelled with their name. I understand that Epipens and inhalers will be kept with the participant at all times. Other medication, e.g. antibiotics, will be in a clear, sealable, plastic bag labelled with the participant's name.
- I understand that the leaders of this group will be responsible for under-18s' medication.
- 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 the medical authorities present.
- I give my consent / No I do NOT give my consent (please delete as appropriate) to this participant being photographed and recorded, and for the images used as stated above. The responsibility for this will be with leaders of groups and, where appropriate, the young people themselves. 3Generate will provide "fun" badges such as a smiley face, which participants can choose to wear if they should not be in photos.

| Young Person's Declaration (for those 12 and over) | | | | | | |
|--|--|--|--|--|--|--|
| Relationship to Participant: | | | | | | |
| Date: | | | | | | |
| Signature: | | | | | | |
| Print name: | | | | | | |
| | | | | | | |

I agree/do not agree* that photographs and/or video can be taken of me for the following purposes:

- sharing photographs on a church controlled social media site
- newsletters, noticeboards and updates to people in the Methodist Church

I agree to think carefully about how others may feel about images, before I post them on social media. I understand that sometimes I may be asked not to take images or post updates by the group leaders.

| Signature: | Date: | |
|------------|-------|--|