



Pulse Consent Form 2018

Information recorded on this consent form will be held in confidence.

Details are required to protect and meet the needs of your child.

Please provide the information requested for your child to register them in order to be involved in the programmes and activities provided by Pulse.

Full Name of Child: _____ Date of Birth: _____

Home address: _____ Postcode: _____

Full Name of Parent/Guardian: _____

Parent/Guardian Contact Numbers (please give at least one contact number)

Parent/Guardian Home Number: _____ Work Number: _____

Parent/Guardian Mobile Number: _____ Email address: _____

Name of Second Contact: _____ Relationship to Young Person: _____

Phone number: _____ Alternative number: _____

Medical Information (important information in case of emergency)

Name of Child's GP: _____ Phone number of GP: _____

Details of any known conditions, allergies etc (ie asthma, diabetes, epilepsy) and any medication your child takes:

Any specific needs, requirements or directions for your child that would be helpful for leaders to know:

Photographs and Video - *Photographs and videos may be taken of your child during Pulse activities on and off site. These will be used for internal and external promotional purposes including being shared on our social media and Trinity Presbyterian Church publications and website. If you do not give consent for photographs and videos to be taken of your child, we will work to ensure your child does not appear in any group photos or videos.*

Tick box if **you give consent** for photographs and video to be taken of your child and used as outlined above.

Travel - In some cases your child may travel in leader's cars to activities with Pulse. We will always endeavour to ensure two leaders are in the car but this is not always possible. If you do not give consent for travel in leader's cars for we will ensure this does not happen.

Tick box if **you give consent** for your child to travel in leader's cars as outlined above.

First Aid and Medical Consent - *First Aid may need to be administered on your child where necessary and emergency hospital treatment to be administered in the case where you and the second contact cannot be contacted and where this is advised by a medical professional.*

Tick box indicating **you give consent** for first aid to be administered / emergency medical consent to be made on your behalf if you cannot be contacted.

I confirm that the above details are correct to the best of my knowledge and will inform leaders upon any changes.

Signed: _____ Print Name: _____

Relationship of signatory to child: _____ Date: _____

(must be provided by an **adult with legal responsibility** for the child)