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# Young Person Details and Consent Formfor ON-LINE ONLY Youth Programme

# Details of child/young person

Full name:

Address:

Gender: Date of birth:

Current medical conditions (including asthma, allergies, migraine, diabetes, epilepsy, etc.):

Any medication currently being taken:

Any additional needs (e.g. special dietary requirements, allergies, disability, etc.):

# Contact details of parent/guardian

Name:

Address:

Home phone: Mobile phone:

Email address:

Relationship to the child named above:

# Details of alternative emergency contact

Name(s):

Home phone: Mobile phone:

# Event details

During the Covid-19 outbreak we are currently operating an ON-LINE only youth programme which has multiple options that can be accessed via on-line video chat services such as ZOOM and Messenger.
To see the full programme details please check out the Youth section on West Kirby URC’s website
and on Fusewirral.co.uk

Do you allow the participant to join in with video chats and activities via platforms such as ZOOM and Messenger? **YES / NO**

IF access is available, do you allow the participant to take part in a Netflix Party via the app on Chrome browser?

 **YES –** *have own access* **/ YES –** *but will need access via a friends account* **/ NO**

**General consent**

Please note that these declarations must be signed by the parent/carer of the participant named on this form or by a person with parental responsibility for the participant.

*I give consent for
 to attend and participate in the ON-LINE activities offered by FUSE Youth. I acknowledge the need for them to behave responsibly & take note of e-safety instructions.
I understand that, as far as possible, while involved they will be under the care and supervision of approved adult workers appointed by the churches in involved in FUSE, but during periods of free time close supervision may not always be possible. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activities.*

Signed: Dated:

# Photography and video:

Due to the nature id the on-line only work, it will be necessary for the participants to be seen and heard via video

However, from time to time, we may use photographs or videos of the participants to provide a reminder of the event for those involved and to use on church website and social media, and even in the local press if that was to be requested (although unlikely) . Photos or videos used publicly will focus on activities and groups rather than individuals; participants will not be linked with any personal details, except for their first name.
Photos or videos will not be used if the participant is themselves unwilling.

Are you happy for photos / videos to be used of the participant named on this form? **Yes / No**

Please circle Yes or No to make clear in which ways you are willing for them to be used:

*Church Website* ***Yes No***

*Church Social Media* ***Yes No***

*Press* ***Yes No***

*I give consent for photos/videos of the participant named on this form to be used, as above.*

Signed: ……………………………………………………………………..... Dated: ............................................

# Electronic communication (only applies to young people in school year 6 and older):

It will be essential for FUSE leaders to communicate directly with young people via mobile phone, email and social media apps. For example, to share information about an activity, to find out who is planning to attend, to seek feedback, or to offer encouragement and pastoral chats. Communication will be kept within reasonable hours, will be appropriate to the working relationship, and the FUSE Leaders will operate in a transparent way as possible.

Please circle Yes or No to make clear in which ways workers may contact your child:

*Text messages* ***Yes No*** *Participant Mobile Number:*

*Social media apps* ***Yes No*** *Participant Facebook Messenger name: Participant E-mail address:*

*I give consent for workers to contact the participant named on this form, as shown above including apps such as ZOOM and Netflix if appropriate.*

Signed: Dated:

*I agree that the above information is complete and correct at the time this form has been filled in.
I understand that photocopies of this form will be used in each relevant individual group’s register folder, where volunteers from that group will have access to it as appropriate.
The original form will be kept locked away. The information on this form will be reviewed annually with yourself.*

SIGNED (Parent/Guardian) Date