



General Information / Consent Form

Group:.....

Full name of child / young person:.....

Date of Birth:...../...../.....

Address:.....

.....

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Phone Number:.....

Details of any health problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc) and any regular medication, or details of any disability which may affect normal activity.

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With whom does the child live? (Please give full name(s)).....

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.....

Relationship:.....

Telephone Number Day:..... Evening:.....

Name of additional contact:..... Relationship:.....

Telephone Number Day:..... Evening:.....

(continued overleaf)

If you do not have parental responsibility (e.g. you are a foster carer, other relative etc.) please give details of those with parental responsibility:

Name(s):.....

Address(es).....

Phone Number(s):.....

I give permission for to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities, including swimming and activities lasting longer than the normal group meeting times.

I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the Church leadership and that while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held liable for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I give my consent to any medical treatment that may be necessary in an emergency.

Signed (parent or adult with parental responsibility)

.....

Date:.....

N.B. The information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent form.