

GENERAL CONSENT FORM

Please complete a general consent form per registered child aged 2-17 years old.

Details of Child/ Young Person

Name _____ Date of Birth ____/____/____
Address _____
_____ Post Code _____ Sex: M/ F

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Parent/Guardian Contact Name _____

Contact Telephone Number _____

Secondary Contact Name/Number _____

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of? Include any medications taken?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I agree for my child to be given first aid and urgent medical treatment if not contactable **YES / NO**

Other Information

Please note any additional/special needs your child may have. (This would help us when working with them.)

I give my consent to photographs being taken and used for the Congregation's purposes within the next 12 months. **YES / NO**

I give permission for my **son/daughter** (*named above*), to take part in all trips and activities, this may include being transported in staff vehicles. I also acknowledge the need for responsible behaviour on **his/her** part. **YES / NO**

Name _____ Signature _____ Date ____/____/____