

General consent form



General consent form (children/young peoples activity)

(name of parish)

GENERAL CONSENT FORM (to be completed annually)

Church: _____

Group: _____

Full name of child: _____

Date of birth: _____ / _____ / _____

Child's Address: _____

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.), illness or disability which may affect normal activity:

Name of Doctor: _____

Doctor's telephone number (incl. code): _____

Date of last anti-tetanus injection (if known): _____ / _____ / _____

Child's NHS number (if known) _____

With whom does the child live? _____


What Relationship does this person have to the child (e.g. Mother):

Tel: (day) _____ (eve) _____

Name of additional contact (e.g. grandparent, or other holding parental responsibility): _____

Tel: (day) _____ (eve) _____

Statement of consent

 _____ *(name of parish)*

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

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 responsible for any loss, damage or injury suffered by him/her during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for him/her to receive necessary hospital or dental treatment including an anaesthetic.
 Yes **No**

Name: _____

Relationship to child: _____

Signed: _____

Today's date: _____ / _____ / _____

Address (if different to that of child): _____

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

Names(s): _____

Address(es): _____

Tel: (1) (day) _____
(evening) _____

(2) (day) _____
(evening) _____