

FORM 9 GENERAL INFORMATION AND CONSENT FORM

Version 1



Church: Calvary Christian Fellowship

Activity / Group: _____

Full name of child/young person _____

Date of Birth: ____/____/____

Address: _____

Name of GP: _____ Tel No: _____

Address: _____

NHS No: _____ Date of last anti-tetanus injection: _____

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

Name of parent/carer: _____

Tel no: Day _____ Eve _____ Mobile _____

Additional contact (grandparent etc or other holding parental responsibility)

Name: _____ Tel no: _____

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

Name(s): _____ Tel no: _____

Address: _____

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/organisation 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 my child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. (please tick) YES NO

Signed (parent/or adult with parental responsibility) _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent. (NB This may not include a foster carer).