



## GENERAL CONSENT AND INFORMATION FORM

**Information:** (to be completed by parent or adult with parental responsibility)

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date of most recent anti-tetanus injection (if known): \_\_\_\_\_

Name of Doctor and surgery: \_\_\_\_\_

NHS Number: \_\_\_\_\_

With whom does your child live? \_\_\_\_\_

Status of above (please highlight the one which applies):

Parent(s) / Guardian / Foster-Parent / Other (please state) \_\_\_\_\_

Contact telephone no. Daytime \_\_\_\_\_ Eve \_\_\_\_\_

Name of alternative adult contact (for use in emergency):

\_\_\_\_\_

Telephone no. \_\_\_\_\_

**Please turn over for second part of form.**

**Consent:** (to be completed by parent/adult with parental responsibility)

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 any outings outside the normal meeting times of the group. I understand that he/she will be in the control and care of the group leader and 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 my child during, or as a result, of the activities at the group.

\*In the event of an injury, I am willing for my child to receive first aid including the application of a hypoallergenic plaster.

\*In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including an anaesthetic.

Signed: (parent or adult with parental responsibility) \_\_\_\_\_

**Image/Internet Consent:**

I give permission for photos/video footage of my child to be taken during the group. I also consent to these images appearing on the Alderholt Chapel website and Facebook Group pages run by Alderholt Chapel. All Facebook pages require a Youth Leader to approve members and only members may view page content.

Signed: (parent or adult with parental responsibility) \_\_\_\_\_

**Transport Consent:**

We can provide transport to and from certain activities. This transport will be in either a car or minibus and the following principles will be adhered to:

- All drivers will be approved by Alderholt Chapel and have cleared a CRB check.
- Transport will be provided in roadworthy vehicles with the appropriate MOT and insurance
- All drivers will be a minimum age of 21 and have held a full driving licence for a minimum of 2yrs
- Seatbelts (and booster seats if appropriate) will be correctly used by vehicle occupants at all times
- There will always be at least two adults in the vehicle

I give permission for my child to be transported to and from activities.

Signed: (parent or adult with parental responsibility) \_\_\_\_\_

Do you give permission for your child to make their own way home?      YES / NO (please delete one)