



General Information and Consent Form for Under 18's

Place of Worship/Organisation: **CHRIST FIRST WATFORD**

Group: **FORGE**

Full name of child/young person: _____

Date of Birth: ____/____/____

Address: _____

_____ Post Code: _____

Name of GP: _____ Tel No: _____

Address: _____

_____ Post Code: _____

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: Daytime _____ Evening _____ 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 _____ Tel no: _____

Address: _____

_____ Post Code: _____

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 place of worship/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.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance, the following from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Communicating with children & young people

Children and young people communicate via telephone, mobile, email and the internet. Do you give permission for children/youth workers to communicate via these methods to your child? E.g., contact via email with changes to the youth meeting times:

YES: NO:

I give permission for my child and the youth/children's workers to communicate using for the purpose of arranging children/youth activities.

Telephone/Mobile: Email: Internet:

(Please delete forms of communication you don't want your child contacted by)

Signed: _____ Date: ____/____/____

(parent/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).