

Longcroft Christian Fellowship General Information and Consent Form (For children and young people)



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, allergies, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity: Continue on an additional sheet if necessary.

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 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.

Signed: (parent/or adult with parental responsibility) _____

Date: _____

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.

I give permission for my child and the youth/children’s workers to communicate using telephone, mobile, email, or internet for the purpose of arranging children/youth activities.

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

Signed: (parent/or adult with parental responsibility) _____

Date: _____

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).

Any other relevant information you think we should know?

