

Consent Form – Summer Club

Full name of child: _____

Date of Birth: ____ / ____ / ____

Current School year: _____

Address: _____

Name of GP: _____ Tel No: _____

Address: _____

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

In the unlikely event of illness or accident I give my permission for any appropriate first aid treatment to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I give consent for my child to receive treatment by a GP and / or hospital, including treatment under anaesthetic. I understand that every effort will be made to contact me as soon as possible.

YES NO (please tick)

I give permission for my child to be photographed / videoed

YES NO (please tick)

I give permission for my child to be taken across the road to the village hall playing field

YES NO (please tick)

£5.00 enclosed

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