

General Consent Form

Name of youth group:

In the interests of your child, it is important that you should sign this consent form and declare any known medical conditions and any other medication that he or she may be receiving. Due to the legislation contained within The Children Act 1989, it is also important that the youth leaders are made aware of any medication details for and court orders which have been made against your child. Should this be applicable, please indicate the nature of the order below.

Name of Young Person	D.O.B
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Address

Any known medical conditions

Food allergies or special dietary requirements
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Details of any court orders

Parent/Guardian contact phone number (include dialing tone)		
Home	Mobile	Work

e:mail address

Additional contact and contact numbers (if the above is not available)

Relationship, Name, Address

Home	Mobile	Work
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Family Doctor

Name	Telephone No:
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Address

- I have read the information above and give my permission for my child to take part in the normal activities of this group, which will include some of the following: unihoc, rounders, treasure hunts outside church grounds...
- I also give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable

Signature of parent/guardian	Date
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Print Name:

- Please indicate as appropriate
- I give/do not give permission for these details to be stored on a PC

Please note that this form will be filed for retrieval at subsequent dates

