



Annual Consent Form

I give permission for _____ to take part in:

- Activities outside the building – Games in the park, swimming, ice skating, firework displays, the beach, theme parks.
- Public Transport
- Car/minibus transport
- Weekends away
- Sunday Mornings out of the church building

Full name of Child: _____

Date of Birth: _____ Address: _____

Name of GP: _____ Tel: _____

GP's Address: _____

Please provide details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity and any emergency medical treatment given:

Name of parent/carer: _____

Tel: Day _____ Eve _____ Mobile _____

Additional contact (grandparent etc or other holding parental responsibility)

Name: _____ Tel: _____

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: _____

Address: _____

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 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.

I agree to any emergency medical treatment to be given to my child, as considered necessary by the medial authorities or Youth First Aider, if I cannot be contacted.

Signed Parent/Guardian consent _____ Date _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent form. (NB this does not include a foster carer)