

## GENERAL CONSENT FORM

In the interest of your child, it is important that you should sign this consent form and declare any known medical conditions and any 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.

To enable ease of retrieval during activities at St XXXXXXX's and on any trips out, this information will be stored on an Excel Document on a PC. Please indicate your consent to this (or otherwise) at the bottom of this form.

Name of young person \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Any Known medical conditions: \_\_\_\_\_

\_\_\_\_\_

Food allergies or special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Details of any court orders: \_\_\_\_\_

### **Your contact phone numbers (including dialling code)**

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work (if applicable) \_\_\_\_\_

Email address \_\_\_\_\_

### **Additional contact & Contact phone numbers (if the above is not available)**

Name \_\_\_\_\_

Mobile \_\_\_\_\_

Home \_\_\_\_\_

Work (if applicable) \_\_\_\_\_

## GENERAL CONSENT FORM CONT .....

### Family Doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

- 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: (insert details here of unusual activities)

- I also give my consent to any necessary medical and dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable.

- Separate permission will be required for certain activities and any off-site activities

### Signature of parent/guardian (or adult with parental responsibility)

Printed Name \_\_\_\_\_

### Please delete as appropriate

- I give my permission for this information to be stored on a PC
- I do not give my permission for this information to be stored on a PC

### Signature of parent/guardian (or adult with parental responsibility)

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Please note that this form will be filed for retrieval at subsequent dates.  
This consent is valid until dd/mm/yy