FORM 11 – *GENERAL INFORMATION AND CONSENT FORM*

The Gospel Hall, Haverhill Road, Helions Bumpstead

Full name of child/young person _____

Date of Birth: _____/_____/_____

Address:_____

Name of GP: _____ Tel No: _____

Address: _____

Date of last anti-tetanus injection: _____

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 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 church/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.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.(please tick) ❑ YES ❑ NO

Collection of your Child
I give permission for_____ to be collected by the following people in the event I am unable to collect them

Name	Relation to the child
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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 you or your child? E.g., contact via email with changes to the youth meeting times: ❑ Yes ❑ No

I give permission for my child and the youth/children's workers to communicate using

❑ Telephone ❑ mobile for the purpose of arranging children/youth activities.

(Please tick the forms of communication you want you or your child contacted by)

Signed (parent/or adult with parental responsibility) _____

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).

Data will be stored in accordance with section 5.2 of the safeguarding policy dealing with keeping of records. Copies of the safeguarding policy are available on request from the co-ordinator(s), online at www.hbgospelhall.com or speak to the person who gave you this form.