

JYC General Information and Consent Form

1. Full name of child: _____

2. Date of Birth: ____/____/____

3. Address: _____

4. Name of GP: _____ Tel no: _____

Address: _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:

5. Name of parent/carer: _____

Tel no: Day _____ Eve _____ Mobile _____

6. Additional contact (grandparent etc or other holding parental responsibility)

Name: _____ Tel no: _____

7. If you do not have parental responsibility (grandparent etc.) please give details of those with parental responsibility

Name(s): _____ Tel no: _____

8. 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.

9. 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 one): YES NO

10. Please tick if you would like to receive further information about events at Christ Church Deeside:

11. Please tick if you give consent for photographs of your child to be taken to be used exclusively as part of display work within the church building:

12. Signed (parent/adult with parental responsibility): _____

Date: ____/____/____