

# GENERAL INFORMATION AND CONSENT



**Church/Group:** Jubilee Church / Recess

Full Name of child / young person	Date of Birth
Name and Address of parent or guardian	Telephone Number of parent or guardian
	Home
Postcode	Mobile

Name and address of additional contact (grandparent etc., or other holding parental responsibility):	Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:
Telephone number of additional contact:	Please state date of last anti-tetanus injection if known:

I agree to Recess or Jubilee Church using Photographs  and/or Video  of the child / young person named above in Recess and/or Church publicity or publications including web site (Please tick all that apply).

I agree to the child / young person named above being contacted by Recess leaders using the following:

Mobile telephone       Email       Please tick all that apply

Text Messages       Instant Messaging/ My Space or similar programme

In an emergency and / or if I am not contactable, I am willing for the child / young person named above to receive necessary hospital or dental treatment including an anesthetic:

YES       NO  (please tick)

I give permission for the child / young person named above 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 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 will advise the Recess leadership team of any changes to the above information.

Print Name \_\_\_\_\_ Signed (parent / guardian) \_\_\_\_\_ Date \_\_\_\_\_

NB: The information part can be completed by a carer. Only those with parental responsibility can sign the consent. (e.g. this does not include a foster carer)