



GENERAL CONSENT FORM (to be completed annually)

St Agnes Longsight Junior Church

Full name of child	
Date of birth	
Child's Address	
Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.), illness or disability which may affect normal activity	
Name of Doctor	
Doctor's telephone number (incl. code)	
Date of last anti-tetanus injection (if known)	
Child's NHS number (if known)	
With whom does the child live?	
What Relationship does this person have to the child (e.g. Mother)	
Tel: (day)	
Tel: (eve)	
Name of additional contact (e.g. grandparent, or other holding parental responsibility)	
Tel: (day)	
Tel: (eve)	

continued over >

STATEMENT OF CONSENT

St Agnes Longsight Junior Church

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 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 him/her during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for him/her to receive necessary hospital or dental treatment including an anaesthetic.

Yes **No**

Name	
Relationship to child	
Signed	
Today's date	
Address (if different to that of child)	

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)	
Address(es)	
Tel: (1) (day)	
Tel: (1) (eve)	
Tel: (2) (day)	
Tel: (2) (eve)	