

Normal consent form for children and young people activities

Meadow Way Chapel, Hellesdon, Norwich

At Meadow Way Chapel we do all we can to protect the safety of your child. It helps us greatly to know that we have your support and consent for the normal activities we run. Please fill in this form, which will remain confidential within the church leadership.

Church Name: Meadow Way Chapel, Hellesdon, Norwich

Church group(s): Oasis Friday night youth group for winter term 2010

Your child's name:

Your child's date of birth:

Your child's address:

.....

..... Postcode:

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Names

Address(es)

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Phone No: Day Night:

Name of an additional contact:
(Grandparent etc or other holding parental responsibility)

Their Phone No: Day Night:

Child's GP:

Child's GP Phone No: Child's National Health Number:

Please give us details of any regular medication, medical problem or any other information you think we should know (e.g. asthma, diabetes, epilepsy, allergies, dietary needs, etc) or disability which may affect normal activity.

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Please state date of last anti-tetanus injection if known

I give permission forto take part in the normal activities of this group, and the following activity (please tick):

Murder mystery (details to follow) at Meadow Way Chapel – March 19, 6.30pm to 10pm, includes small buffet, no charge.	
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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.

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

Signature of parent/or adult with parental responsibility: Date:

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

Meadow Way Chapel, Chapel Court, Hellesdon, Norwich, NR6 5NV, Church phone number: 01603 484784

Church web site: <http://www.meadow-way.org.uk>