



## Normal consent form for children and young people activities - Oasis Youth Group

Meadow Way Chapel, Hellesdon, Norwich

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Church group(s): Oasis Friday night youth group for 2018 spring term (normal times 7.30pm to 9.30pm)

Your child's name: .....

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Your child's date of birth: .....

Your child's address: .....  
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..... 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

Your Name .....

Your Address .....

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 .....

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.*



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- No smoking, alcohol or illegal substances are allowed at club. It is not allowed on Meadow Way Chapel property.
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**4 May 2018 – Ten pin bowling** at Namco Funscape, Bowthorpe at **7.30pm to 9pm** (booked for 7.40pm start, don't be late), cost £5 for under 16's & £6 for over 16's. Please bring money with consent form.

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Home Phone number: 01603 492793 (currently in April 2018 offline), Mobile phone Number: 07982911330,

Email & Skype address: george.herbert@outlook.com

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Your Address .....

Phone No: Day ..... Night: .....

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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)

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Your child's date of birth: .....

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

Your Name .....

Your Address .....

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 .....

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: .....

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

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## Normal consent form for children and young people activities (2018 winter activities)

Name: .....

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Your child's address: .....  
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Your Name .....

Your Address .....

Phone No: Day ..... Night: .....

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