

Appendix 10

Rushmere Baptist Church Parental Consent and Medical Form for Special Events, Activities and Residential Holidays for Under 18's

Group

Event

Venue Date(s)

This form must be completed by a parent/guardian in order for the child to participate in the event/activity. It should be signed and returned to:

Name of youth worker by (date)

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED BY THE DATE STATED ABOVE, THE CHILD WILL BE UNABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

Full name of child Date of birth / /

Address

..... Postcode

Telephone number(s)

The person to contact in case of emergency during this event is

Name

Address

Telephone number(s)

Relationship to child

Should the above person not be available, please contact:

Name

Address

Telephone number(s)

Relationship to child

Child's registered GP: Name

Address

Telephone number(s)

National Health Number

Please state date of last anti-tetanus injection (if known) / /

Does the child suffer from any allergies? (eg. medicine, food, insects) YES NO (Please tick)

If yes, please give details:

Does the child have any medical conditions about which we should be aware? (eg. asthma, fits, migraine, epilepsy) YES NO (Please tick)

If yes, please give details:

Does the child have any disability about which we should be aware? YES NO (Please tick)

If yes, please give details:

Is the child taking any medication? YES NO (Please tick)

If yes, please give details:

May the child be given paracetamol? YES NO (Please tick)

Has the child been in contact with or suffered from any disease which is or may be contagious or infectious in the past four weeks? YES NO (Please tick)

If yes, please give details:

Declaration

- I give permission for [insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I do/do not confirm that my son/daughter is able to swim and may/may not participate in water-based activities. He/She can swim unaided for approximately metres in a heated pool.
- I require that my son/daughter should be excluded from the following:

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

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

Signed (parent or adult with parental responsibility)

Date / /