

CONFIDENTIAL
Knowle Parish Church (including Penny's Youth Cafe)
PARENTS'/GUARDIANS' CONSENT FORM for 2019/20

We will refer to this information throughout the 2019/20 academic year and will just ask you to fill in a slip to consent to individual trips. Please let us know if anything changes.

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|---|--|
| Full name of young person Date of birth /..... /..... Address Post code Mobile tel Email School attended | Parents'/guardians' names Mobile tel Email Name of Family doctor Address..... Post code Tel |
|---|--|

I give permission for paid staff to contact my son/daughter regarding youth events and for photos of my son / daughter / custodian taken at this event to be used for church purposes (i.e. Parish magazine, church website, social media) **No** **Yes**

Does he/she suffer from any recurrent illness – e.g. glandular fever, asthma, eczema, hay fever or allergies?
No **Yes** If Yes please state condition:

Has he/she ever received any psychiatric or mental health treatment?
No **Yes** If Yes please state condition:

Does he/she suffer from any other medical condition which should be brought to our attention? **No** **Yes**
 If Yes, please give details:

Does he/she require medication? **No** **Yes** If Yes supply medicine in a named container with a note.

Does he/she require any special diet or should not eat any particular foods? **No** **Yes**

Has he/she had an inoculation against tetanus in the last 3 years? **No** **Yes**

May he/she take part in properly supervised adventurous activities, as detailed in attached letter (where relevant)?
No **Yes**

For events on church sites. do you consent to your child/custodian walking home? **No** **Yes**

In the event of illness or accident requiring emergency hospital treatment, **I authorise** the designated leaders on duty, to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.
 [Delete if desired]

Name

Signed Date /..... /.....