

**CONFIDENTIAL**

Knowle Parish Church (including Penny's Youth Café)

**PARENTS'/GUARDIANS' CONSENT FORM for 2020/21**

We will refer to this information throughout the 2020/21 academic year and will just ask you to fill in a slip to consent to individual trips. Please let us know if anything changes.

FULL NAME OF YOUNG PERSON
DATE OF BIRTH
ADDRESS
POST CODE
MOBILE TEL EMAIL
PARENTS'/GUARDIANS' NAMES MOBILE TEL EMAIL
NAME OF FAMILY DOCTOR ADDRESS
POST CODE
TEL
SCHOOL ATTENDED
<p>I give permission for paid staff to contact my son/daughter regarding youth events and for photos &amp; videos of my son / daughter / custodian taken at events to be used for church purposes (i.e. Parish magazine, church website, social media)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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    If Yes please give details

Has he/she had an inoculation against tetanus in the last 3 years?

  

No    Yes    If Yes please give details

May he/she take part in properly supervised adventurous activities, as detailed in attached letter (where relevant)?

Eg abseiling, canoeing, Quad Biking etc?

  

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 .....

Does he/she suffer from any recurrent illness eg glandular fever, asthma, eczema, hay fever or allergies?

  

No    Yes    If Yes please state condition

Has he/she ever received psychiatric or mental health treatment?

  

No    Yes    If Yes please state condition