



General Information and Consent Form for children & young people

Full name of child / young person: _____

Date of Birth: ____/____/____

Address: _____

Name of parent/carer: _____

Tel no: Daytime _____ Evening _____

Mobile: _____

Additional contact (in case of emergencies etc)

Name _____

Tel no: _____

I give permission for my child to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the care of the group leader and/or other adults approved by Trinity Church Scarborough 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.

Photographs *(please tick)*

I give permission for my child/young person to appear in photographs

(In all cases use of photos will be carefully considered and permission sought.)

General Data Protection Regulation

We need your consent to hold and process your child's personal data.

Leaders may communicate with your child with news (over 12s only) Do you give permission for your child to be contacted using the following methods?

I give permission for my child to be contacted by *(please tick)*:

Post Email Phone/text WhatsApp

Transport
(please tick)

I give permission for my child to travel by car with a group leader, should the need arise.
(by prior permission or in an emergency etc)

Medical treatment/emergencies

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. However, the parent/carer should be contacted and advised of the situation as soon as possible.

I understand:

- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Medical information

Name of GP: _____

Tel No: _____

Address:

NHS No: _____

Date of last anti-tetanus injection: _____

Details of any regular medication, medical issues or disability which may affect normal activity:

Does your child have any allergies? Please give details:

Please sign to show that you have read the information on this form and give your consent where relevant.

Signed: (parent/adult with parental responsibility) _____

Date: _____