

## Appendix C

# Parental / Carer Registration & Consent Form for Children & Youth Group Meetings

Please complete this form in full and return it to Ian McGrath (Youth Pastor) or the group leader.

<i>Please tick the groups your child will attend during the academic year 2011 – 2012</i>	<b>Youth Groups</b> <input type="checkbox"/> Encounter (School Years 7 - 11) <input type="checkbox"/> Rock Solid / Youth Alpha (School Years 7 – 9) <input type="checkbox"/> Reson8 (School Years 10 – 13)
<b>SECTION A – YOUR CHILD’S DETAILS</b>	
Your child’s name	_____
Child’s date of birth	_____
Their home address	_____ _____
Postcode	_____ Home tel. no _____
School Year	_____ School _____
<b>SECTION B – YOUR DETAILS</b>	
Your name(s) as parents/guardians	_____ _____
Your relationship to the child	_____
Mobile no. _____	Work no. _____

## DETAILS OF GROUP

The activities planned for the period from **September 2011** to **July 2012** (*not more than 12 calendar months*) may occasionally involve outdoor activities on the church premises during normal meeting times.

I agree to my son/daughter/ward named above, who is aged 17 or younger taking part in such activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.

### 2. EMERGENCY DETAILS

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the no(s) given on page 1, or the following no(s)

\_\_\_\_\_

My address (if different to child's) \_\_\_\_\_

\_\_\_\_\_

c) Please state an alternative contact point

Name of contact \_\_\_\_\_

Address of contact \_\_\_\_\_

\_\_\_\_\_

Telephone no(s) \_\_\_\_\_

d) Family Doctor (name) \_\_\_\_\_ Doctor's phone no \_\_\_\_\_

Doctor's surgery address \_\_\_\_\_

\_\_\_\_\_

## MEDICAL INFORMATION

Does your child suffer from any of the following conditions? *Cross out the YES or NO which does not apply*

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details \_\_\_\_\_

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Does your child suffer from any other condition requiring medical treatment, including medication? Yes/no

If YES, please provide details \_\_\_\_\_

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Is your child allergic or sensitive to any medication (e.g. penicillin), insect bites, food, plasters or anything else? Yes/no

If YES, please provide details \_\_\_\_\_

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Has your child been immunised against Tetanus (lock jaw)? Yes/no

If YES to tetanus, please give date (if known) \_\_\_\_\_

Is your child taking any form of medication on a regular basis? Yes/no

If YES, please give full details, indicating the type of medication and dosage.

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Do you give your consent to this medication being administered to your child? Yes/no

Please ensure that you supply adequate supplies of medication and dosage to the person in charge,

Does your child have any special dietary needs?

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Is there anything else the group leaders should be aware of, e.g. any special educational needs, family circumstances, etc?

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#### **4. INSURANCE COVER**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser. I also understand that any extension of insurance cover is my responsibility.

#### **5. DECLARATION**

I consent to my child, named on this form, taking part in such activities and declare my child to be in good health and physically able to participate in all activities.

I am happy for photographs of my child to be used within Parish and/or Diocesan publicity or publications.

Please tick here if you wish your child not to be included.

I am aware of the levels of insurance cover.

I am aware that I am responsible for the arrival and collection of my child at the group meeting times.

I will ensure that any change in the circumstances will be notified to the organiser.

Signature of Parent / Carer \_\_\_\_\_

Date \_\_\_\_\_

Name in block letters \_\_\_\_\_