

ST MARTIN'S IN THE FIELD,
FINHAM, COVENTRY



GENERAL CONSENT FORM – CHILDREN AND YOUNG PEOPLE

Name of Group, Trip or Activity _____

In the interest of your child, it is important that you should sign this consent form, provide us with two emergency contacts and declare any known medical conditions and any medication that he or she may be receiving.

Name of young person _____ Date of Birth _____

Address: _____

Medical Information:

Any known medical conditions _____

Any current / on going medication _____

Any food allergies/ dietary requirements _____

Date of last tetanus injection _____

Your contact phone numbers:

Home: _____ Mobile: _____

Work: _____ Email: _____

Additional contact:

Home: _____ Mobile: _____

Work: _____ Email: _____

Family Doctor:

Name: _____ Address: _____

Telephone Number _____

I have filled in the information above to the best of my knowledge and give my permission for my child to take part in the group, trip or activity specified above.

I also give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be needed in event of an emergency and/or if I am not contactable.

I agree to update the Youth Leaders, as soon as possible, of any changes to the information above.

I agree that my child can be photographed and videoed where appropriate.

Signature of parent/guardian

Signed: _____ Date: _____

Printed name: _____