

Horsecastle Evangelical Church
Consent form 2024/2025

Contact details

Child's name _____ Date of birth _____

Address _____

Phone number _____ Additional number for emergencies _____

Email address _____

(We will use this to contact you with further details the clubs and other church youth activities. If you want to opt out at anytime please reply to any email sent.)

Medical details

Name & address of GP _____

_____ GP phone number _____

If your child is undergoing regular medical treatment or has any medical conditions (e.g. asthma) which may affect their ability to take part in some activities or which medical practitioners would need to know in an emergency, please give details below including medications currently being taken. Please note that we are unable to administer medication to your child unless you complete a separate medication consent form – please ask us for one if appropriate.

_____ Please continue overleaf if necessary

Date of last tetanus immunisation _____

Any known allergies (food, medicine, other) or dietary needs _____

_____ Please continue overleaf if necessary

We occasionally take photographs for display and promotional use. Are you happy for your child to appear in these? Yes/no

Declaration

If it becomes necessary for my child to receive emergency medical treatment or dental treatment and I cannot be contacted I give my general consent to any treatment advised by the medical and/or dental authorities as being necessary and authorise the group leaders to sign any document required.

I have ensured that my child understands that it is important that any instructions given by the leaders are followed & I understand that the group leaders reserve the right to call me to collect my child if necessary.

Signed (parent/guardian) _____ Date _____

Name (please print) _____

This form will be kept in a confidential place and we will only release the information on it where necessary.