

Venturers Youth Group at Rosemary Lane Chapel

General Information and Consent Form

YOUR CHILD

Full Name of Child: _____

Date of Birth: ____/____/____

Address: _____

MEDICAL INFORMATION

In the unlikely event of emergency medical treatment being required, a qualified Emergency First Aider will be called upon. Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital will 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 will be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance, the following from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as outlined on this form

Name of GP: _____ Tel No: _____

Address: _____

Approximate date of last anti-tetanus injection: _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or additional needs/impairment which may affect activity:

YOUR DETAILS

Name of parent/carer: _____

Tel no: Daytime _____ Evening _____

Mobile: _____

Additional contact (grandparent etc or other holding parental responsibility)

Name _____ Tel no: _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc)
please give details of those with parental responsibility

Name(s): _____ Tel no: _____

Address: _____

CONSENTS

I give permission for _____ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the place of worship/organisation 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.

I understand:

- My child will receive medication as instructed before or during the event.
- 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 emergency first aid and/or medical treatment as necessary (This includes plasters, paracetamol, anti-histamines if required).

Please tick (✓) this box if you are happy for Venturers to use photos which may include your child, for publicity. Names will not be linked to photographs.

Signed: (parent/adult with parental responsibility) _____

Date: _____

GENERAL INFORMATION

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).

The information provided on this form will be shared with Venturers Youth Workers and Medical Professionals in the event of emergency situations only. Forms will be kept for the duration of the current school year (September to July).