

**GENERAL INFORMATION AND CONSENT FORM**

Church            Grove Hill Evangelical Church

Group/Event \_\_\_\_\_

Full name of child/young person \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Name and address of GP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP's Telephone Number \_\_\_\_\_

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

\_\_\_\_\_

Name of parent/carer \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Name of additional contact (grandparent etc or other holding parental responsibility)

\_\_\_\_\_ Telephone number \_\_\_\_\_

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, 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 church 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.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital treatment including an anaesthetic

Signed (parent/or adult with parental responsibility) \_\_\_\_\_