**SCOTTISH EPISCOPAL CHURCH**

## **GENERAL INFORMATION AND CONSENT FORM**

In order to ensure your child’s safety, we would be grateful if you could complete and return this form.

Please let us know if there are any significant changes. A copy will be retained confidentially by the group leader.

**Congregation Church Group**

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| --- | --- | --- |
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**Name of child or young person Date of Birth**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Address of child or young person**

|  |
| --- |
|  |

**Name of person with parental responsibility**

|  |
| --- |
|  |

**Telephone No.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** |  | **Evening**  |  |

**Name of additional contact with parental responsibility** *(in case of emergency):*

|  |
| --- |
|  |

**Telephone No.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** |  | **Evening**  |  |

**Details of any regular medication, medical condition (eg asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:**

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**PARENTAL CONSENT**

* I give permission for my child, as named above, 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 in the activities of this group, 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 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 cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including an anaesthetic. **YES** 🞏 **NO** 🞏