



## Consent Form

### Group details (to be completed by leader)

Name of group:

Duration/frequency of activity from (start date/time):

(end date/time):

Name of Leader \_\_\_\_\_

### Details of the child/adult at risk

Name of child/adult at risk: \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender (circle as appropriate)      **Male**      **Female**      **Neither**

### Other relevant information

(Please mention any medical conditions, special needs or dietary requirements).

Please note that the leaders/staff **cannot administer any medication**. Should your child require medication or intimate care, please discuss this with the leaders who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

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

### Guardian contact details

Name \_\_\_\_\_

Daytime phone number      Code \_\_\_\_\_      Local no. \_\_\_\_\_

Home phone number      Code \_\_\_\_\_      Local no. \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email:

Contact information for emergency use only:

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

### Data protection

This form will be held on file, in accordance with the data protection policy of Region/District. The data entered will be used only for the purpose indicated on the form. It may only be accessed by those with responsibility for managing records or group activities.



### In cases of a medical emergency

In the event of illness or an accident, I give permission for medical treatment to be administered to my child/adult at risk, where considered necessary, by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency I can be contacted at the telephone numbers provided on the previous page:

Signed \_\_\_\_\_

### Child's/Adult at risk's consent

I \_\_\_\_\_ (insert full name) would like to take part in the event listed on the previous page.

(If relevant please tick the boxes below)

- I understand that photographs may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the \_\_\_\_\_ (insert name of Parish/Project).
- I understand that videos (which may include webcam) may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the \_\_\_\_\_ (insert name of Parish/Project).
- I understand that during group activities I will be appropriately supervised at all times and will agree to abide by the group's code of behaviour.

### Guardian's consent

I agree to allow the above-named child/adult at risk to attend meeting(s) of the \_\_\_\_\_ (insert name of group), at the times and dates stipulated in section above in accordance with the permission granted by \_\_\_\_\_ (insert name of child/young person) above. I understand that there will be suitable supervision and an agreed code of behaviour while the children/adult at risk are in the care of the leaders

Signed \_\_\_\_\_ Name (block letters) \_\_\_\_\_

(Guardian)

(Guardian)

Relationship to child/adult at risk \_\_\_\_\_

Signed \_\_\_\_\_

(Child/Adult at risk)

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