

**All Saints' Church, Walsoken****Child or Youth Consent Form**

Please fill in the form below if it applies to children or youth for who you are responsible.

Name

Date of  
Birth

Address

**Details of the Parent or Carer**

Name

Email

Mobile Number

I consent to the church contacting me by ... ☐ post ☐ phone ☐ email

I give permission for my child 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 care of the group leader and/or other adults approved by All Saints' Church, Walsoken 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 give my permission for this child or young person to appear in photographs.... ☐

I give permission for my child to travel by car with a group leader, should the need arise.... ☐

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should 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'. The parent or carer should be contacted and advised of the situation as soon as possible.

I acknowledge that I'll be contacted ASAP should my child become ill or has an accident... ☐

My child will be given medical/dental treatment as necessary... ☐

Name of GP

GP Phone No.

GP  
AddressDetails of any  
MedicationDetails of any  
Allergies

*I give my consent to All Saints' Church, Walsoken holding and using appropriately the information given on this form*

Signature

Date