



General information and consent form

Young person:

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|----------------|--|
| Name: | |
| Address: | |
| Date of Birth: | |

Parent or guardian:

| | |
|--|--|
| Name: | |
| Telephone number – home: – work: – mobile: | |

Additional contact (in case of emergency):

| | |
|--|--|
| Name: | |
| Telephone number – home: – work: – mobile: | |

Medical information:

| | |
|---|--|
| Details of any regular medication or medical conditions (asthma, epilepsy, diabetes, allergies, etc.) or disability which may affect normal activity: | |
| Details of any special dietary requirements: | |
| Doctor's name: | |
| Name and address of practice: | |



PARENTAL CONSENT

- I GIVE PERMISSION FOR MY CHILD, AS NAMED ABOVE, TO TAKE PART IN THE NORMAL ACTIVITIES 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 HILTON CHURCH.
- 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, THAT ACTIVITY.

IN AN EMERGENCY AND/OR IF I CANNOT BE CONTACTED, I AM WILLING FOR MY CHILD TO RECEIVE HOSPITAL OR DENTAL TREATMENT, INCLUDING AN ANAESTHETIC:

YES NO

YES MY CHILD CAN BE PHOTOGRAPHED
 NO MY CHILD CANNOT BE PHOTOGRAPHED

SIGNATURE: _____
(PARENT OR GUARDIAN)

DATE: _____