



St. Helen's, Benson
Parental Consent for
Children's and Young People's Groups

I give permission for my child (*name*)

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to attend St Helen's Youth Club

and to take part in any organised activities such as swimming, sports etc. which may include off-site activities and excursions.

If it becomes necessary for my child to be given urgent medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities.

I accept that I am responsible for transporting my child to and from all activities, and that the group leaders are not responsible when my child leaves the church or activity.

I agree/ do not agree (*please delete as appropriate*) to photographs of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet.

Signed		Date	
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Does your child suffer from any on-going or recurring illness?	
Have they ever had a contagious illness, or direct contact with any contagious illness, within the last 4 weeks?	
Does s/he take any regular medication?	
Any phobias, disabilities or known allergies?	
Has s/he been immunised against tetanus within the last 10 years?	
Any special dietary requirements?	
Any other information we should know of?	

Details of parents/next of kin and of how to make contact:

NAME	
ADDRESS	
TELEPHONE (HOME)	
TELEPHONE (MOBILE)	
TELEPHONE (OTHER)	
IF NOT AVAILABLE, CONTACT:	
REGISTERED GP: NAME, ADDRESS, TEL. NO.	