



## General Consent Form

Group: **Rooted**

Full name of young person: \_\_\_\_\_

Date of Birth (young person): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Name of GP: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

NHS No: \_\_\_\_\_ Date of last anti-tetanus injection: \_\_\_\_\_

Please provide details of any medical conditions, allergies, special dietary requirements or additional needs (please include details of any regular medication that your child is receiving):

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

Name of parent/guardian \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional contact (grandparent etc. or other holding parental responsibility)

Name \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility:

Name(s): \_\_\_\_\_ Tel no: \_\_\_\_\_

Address: \_\_\_\_\_

I give permission for the young person stated above to take part in the activities of this group I understand that while involved the young person stated above will be under the control and care of the group leader and other adults approved by Above Bar Church and that, while the workers leading the group will take all reasonable care of the young person, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital will 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'. In the event of an incident every effort will be made to contact the parent/guardian to inform them of the situation.

I understand:

- My child will receive medication as provided and instructed by a parent/guardian during an event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given emergency medical/dental treatment as necessary.

### Communicating with Young People

Children and young people communicate via telephone, mobile, email and the internet. Do you give permission for children/youth workers to communicate via these methods to your child subject to Above Bar Church's Safeguarding policy and the Individual Group Policy (IGP) of Rooted? (For example, contact via email to advise changes to group meeting times).

I give permission for my child and the youth workers to communicate using:

*(Please delete forms of communication that you do not want your child to be contacted by)*

- Home Telephone
- Mobile *(please provide their number here:)* \_\_\_\_\_
- Email *(please provide their address here:)* \_\_\_\_\_
- Internet (for example, social networking websites such as facebook or twitter)

**These forms of communication may be monitored and will always be subject to the Safeguarding Policy of Above Bar Church and the IGP of Rooted.** Copies of the Safeguarding Policy and IGP for Rooted are available from the church office or the overall leader of the group.

### Photographs/video:

Any Photographs/video taken will only be used for promotional purposes (e.g. Website, advertising inside the church building etc.) or used for events and memories for the young people (e.g. group pictures or video at the weekend away). Any photographs/video taken is subject to the Safeguarding Policy of Above Bar Church and the IGP of Rooted.

May photographs/videos of your child be used as stated above? Yes / No

I give consent for the details on this form to be held by Above Bar Church, subject to legal requirements and obligations of the Data Protection Act (1998). This information is issued for the sole purpose of promoting the activities for which the church exists. This information is to be regarded as confidential to the church and may not be used to communicate to people or organisations outside the orbit of church activities.

Signed: (parent/or adult with parental responsibility)

\_\_\_\_\_ Date: \_\_\_\_\_

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB This may not include a foster carer).