

Parental Consent and Medical Form

Child Details

Surname _____ **Forenames** _____

Date of Birth _____ **School/college** _____

Contact Details

Contact 1 (parent/s or carer/s)

Names/s _____

Address _____

Phone _____ **Mobile 1** _____

Mobile 2 _____ **E mail** _____

Contact 2 (alternative local contact, or parent if at a different address)

Names/s _____

Address _____

Phone _____ **Mobile 1** _____

Media Consent *Please delete any statements you do not wish to consent to.*

- I am happy for my child to take part in activities where a camera may be in use.
- I am happy for photographs / video which may include my child to be used within the group / church context.

Medical Details

Doctor's name _____ Surgery phone _____

Surgery address _____

Is your child receiving medical treatment and/or has he/she been given specific advice to follow in emergencies? Yes / No *If yes, please attach details to this form.*

Has your child ever had:

Asthma or Bronchitis	Yes / No
Heart condition	Yes / No
Fits, fainting or blackouts	Yes / No
Severe headaches or migraines	Yes / No
Diabetes	Yes / No
Allergies to known drugs	Yes / No
Any other allergies	Yes / No
Any dietary requirements	Yes / No

Please give details, along with details of any other illness or disability we should know about.

Consent

I have completed the above form to the best of my knowledge. I certify that my son/daughter is fit to take part in Testwood Baptist Church's Youth and Children's groups and give consent to them taking part in all the activities of the group. I give consent for a first aider to give treatment in the case of mild injury or illness, including the use of mild painkillers such as paracetamol. I give consent for first aid and medical treatment to be given by medical authorities in the event of injury or illness including inoculations, anaesthesia, surgery and blood transfusions. I understand that the information on this form may also be kept on computer file.