

Stockton Baptist Tabernacle - Parental Consent and Medical Form for Events, Activities

Taken from Safe to Grow policy - Baptist Union of Great Britain

Please complete this and hand it back to their group leader for registration and if we go out of the building on Sunday morning

Full name of child

Date of birth / /

Address

.....

Postcode: Telephone number(s):

The person to contact in case of emergency during this event is:

Name

Relationship to child:

Address:

Telephone number(s):

Child's/young person's registered GP

Name

Address

Telephone number(s):

National Health Number

Please state date of last anti-tetanus injection (if known) / /

Does the child suffer from any allergies? (e.g. medicine, plasters, food, insects...) (Please circle)

Yes

No

(If yes, please give details)

.....

Does the child/young person have any medical conditions which we should be aware about (e.g. asthma, fits, migraine, epilepsy) (Please circle)

Yes

No

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(If yes, please give details)

Does the child have any disability which we should be aware of? (Please circle)

Yes No

(If yes, please give details)

Is the child/young person taking any medication? (Please circle)

Yes No

(If yes, please give details.)

.....

Has the child/young person been in contact or suffered from any disease which is or may be contagious in the last 4 weeks? (Please circle)

Yes No

Declaration

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for[insert name] to take part in razamataz activities
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following:

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic: (Please circle)

Yes No

Signed (parent or adult with parental responsibility) Date/..../....