

Pathies Consent Forms - 2011

Bebington Parish Church - www.pathies.co.uk

James Jaggard: Youth Minister

M: 07850540295

E: jamesjaggard@me.com

Please fill in the form below and give us details of any special medical or dietary

Name _____

Address _____

Telephone _____ D.O.B. _____

Parents/Guardian Name: _____

Contact details whilst at the event _____

Name and Address of Doctor _____

Telephone _____ National Health Number _____

Date of last anti-tetanus injection (if known) _____

Has he/she been in contact with any infectious disease within the last three weeks?
YES/NO

Is he/she taking any medicine, following any treatment or diet, etc., that needs to be continued during the event? YES/NO

Does he/she suffer from any recurrent illness - asthma, hayfever, migraine, fits or faints, bad period pains or any other illness or disability? YES/NO

Is he/she known to be allergic or sensitive to anything (e.g. penicillin, aspirin, other medicines, food etc.)? YES/NO (if yes please give details below)

1. I give permission for _____ (son/daughter) to attend and take part in all Pathies activities during 2011/2012. I understand that while involved, he/she will be under the control and care of the group leader, and/or other adults approved by the PCC/Diocese, and that, while the staff in charge of the group will take all 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, the activity.

2. Pathies Leaders would like to take photographs/video of activities which may include your son/daughter. These photographs will not be kept for a period longer than 6 months unless they are to be used to publicise further Pathies events. All pictures used will be done so in a sensitive way.

I give/do not give permission for _____ (son/daughter) to appear in these photographs and used to further publicise Pathies. *If you would like to know more on how these photographs will be used and kept please do not hesitate to contact us.*

3. In the event of illness or an accident requiring emergency hospital treatment, I authorise the Leader(s) named on the top of this form to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

4. During Pathies outings I give permission for _____ to make there own way home.

5. I understand that the responsibility of (Young persons name) _____ begins and ends at the Stated time, unless Leaders are otherwise informed.

6. In signing this form I agree to the Pathies Leaders asking my Young Person to leave any activities following what is deemed to be Negative behaviour. If such an incident does occur I am aware that all efforts to contact me will be made to arrange the collection of my Young person.

NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.

Signed _____ (parent/guardian) Date _____