



Appendix F

Model – General Information and Consent form

Details of participant

Full name: _____

Address: _____

Gender: Male / Female Date of birth: _____

Doctor's name, address & telephone number: _____

Current medical conditions (including asthma, allergies, migraine, diabetes, epilepsy, etc):

Any medication currently being taken:

To request that medication be given: Please complete *Request to Administer Medication* form.

Any additional needs (e.g. special dietary requirements, disability, etc): _____

National Health Number: _____ Blood Group: _____

Date of last anti-tetanus injection: _____

In the last four weeks, has the participant suffered from or been in contact with any disease which may be contagious or infectious? If yes, please give brief details:

Contact details of parent/carer

Name: _____

Address: _____

Home phone: _____ Other phone: _____

Email address: _____

If you do not hold parental responsibility for the participant (e.g. if you are a foster carer/ grandparent, etc) please give details of the person with parental responsibility for them:

Name:

Home phone: Other phone:

Address:

Details of alternative emergency contact

Name:

Home phone: Other phone:

Event details

Name of group (or event):

Venue: Date(s) of event:

Do you allow the participant to make their own way home?

If not, who will collect them?

General consent

Please note that these declarations must be signed by the parent/carer of the participant named on this form or by a person with parental responsibility for the participant.

I give consent for to attend and participate in the normal activities of the above group/event. I acknowledge the need for them to behave responsibly and to take note of any safety instructions.

I understand that while involved they will be under the care and supervision of the approved adult workers appointed by the church, though during periods of free time close supervision by workers may not always be possible. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

In the event of illness or accident requiring emergency treatment, I give consent for them to receive emergency dental, medical or surgical treatment as considered necessary by the medical professionals present. I understand that every effort will be made to contact me first.

Signed:

Dated:

Photography and video

From time to time, we may take photographs or videos of the participants to provide a reminder of the event for those involved and to use on church displays, posters and flyers, church website, and occasionally in the local press. Photos or videos used publicly will focus on activities and groups rather than individuals; they will not show the outside of an identifiable building and participants will not be named or linked with any personal details. Photos or videos will not be taken if the participant is themselves unwilling.

Are you happy for photos / videos to be taken of the participant named on this form? Yes / No

Please circle Yes or No to make clear in which ways you are willing for them to be used:

<i>Displays</i>	<i>Yes</i>	<i>No</i>
<i>Publicity (e.g. posters/flyers)</i>	<i>Yes</i>	<i>No</i>
<i>Website</i>	<i>Yes</i>	<i>No</i>
<i>Press</i>	<i>Yes</i>	<i>No</i>

I give consent for photos/videos of the participant named on this form to be used, as above.

Signed:

Dated:

Electronic communication

It can sometimes be helpful for workers to communicate directly with older children via mobile phone, email and social networking websites. For example, to share information about an event, to find out who is planning to attend, to seek feedback, or to offer encouragement. Communication would be kept within reasonable hours, would be appropriate to the working relationship, a record would be kept, and would be accountable to other workers.

Please circle Yes or No to make clear in which ways workers may contact this participant:

<i>Text messages</i>	<i>Yes</i>	<i>No</i>
<i>Email</i>	<i>Yes</i>	<i>No</i>
<i>Social networking websites</i>	<i>Yes</i>	<i>No</i>

I give consent for workers to contact the participant named on this form, as shown above.

Signed:

Dated: