

## **All Saints Weston young people consent form**

**September 2009**

The information below has been given to us by yourselves on a previous form. Please would you check ALL details are correct and fill in any areas that are missing where applicable. Please would you then sign and date where indicated on the bottom of the form and return, along with any other necessary forms, by the first week of the coming term. Thank you very much.

<b>First name</b>	<input type="text"/>
<b>Last name</b>	<input type="text"/>
<b>Groups given consent for</b>	<input type="text"/>
<b>Date of birth</b>	<input type="text"/>
<b>Parents/guardians</b>	<input type="text"/>
<b>Address line 1</b>	<input type="text"/>
<b>Address line 2</b>	<input type="text"/>
<b>Address line 3</b>	<input type="text"/>
<b>Postcode</b>	<input type="text"/>
<b>Home telephone</b>	<input type="text"/>
<b>Mobile (Parents)</b>	<input type="text"/>
<b>Mobile (Child - Optional)</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>

*This is mainly for weekly updates. It would be better to have the young persons email address rather than the parents.*

<b>Alternative contact name</b>	<input type="text"/>
<b>Alternative contact telephone</b>	<input type="text"/>
<b>School</b>	<input type="text"/>
<b>School year</b>	<input type="text"/>
<b>Church (If any)</b>	<input type="text"/>
<b>Doctor</b>	<input type="text"/>
<b>Surgery</b>	<input type="text"/>
<b>Doctors telephone</b>	<input type="text"/>
<b>Health issues</b>	<input type="text"/>
<b>Medication</b>	<input type="text"/>
<b>Special needs</b>	<input type="text"/>
<b>Anything else we should know</b>	<input type="text"/>
<b>Interests</b>	<input type="text"/>
<b>Permission to take photos*</b>	<input type="text"/>

*\*Sometimes we may wish to take photos for use on display boards and on the website. Please state whether or not you are happy for your child to have their photo taken.*

**In case of illness or accident, I/we authorise:**

**a) the leader(s) of the group to sign on my behalf any written form of consent required by medical authorities, if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor or surgeon concerned.**

**b) the leader(s) to administer prescribed and non-prescribed medication.**

**NB Both parents should sign, or the sole parent/guardian/carer with legal responsibility for the chi**

**Signed** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Print** \_\_\_\_\_ **Date** \_\_\_\_\_

**For the purposes of All Saints Weston only, we hold this information on a database. We will not pass this on to any other party. Thank you for your time.**