

Consent and health form for regular meetings and activities

(PLEASE COMPLETE THE FOLLOWING IN RESPECT OF EACH CHILD)

Church of England, Diocese of Derby, parish of _____

Name of the group: _____

Where and when we normally meet: _____

How often: _____

Leader's name, _____

Group's correspondence address/ e-mail _____

Leader's contact phone number: _____

(This form should be filled in annually and kept in group records)

Child or Young Person's details:

Name _____

Date of Birth: _____

Address _____

Phone numbers including mobiles _____

Doctor's name, address and phone number _____

NHS Number [this is not the same as a National Insurance number] _____

Are there any medical problems that could affect normal activity? (e.g. allergies, asthma, epilepsy, diabetes, attention deficiency syndrome, learning difficulties, hearing or sight problems etc.)

Signed _____ Parent/Carer/Guardian

Date _____