

**ST MARY'S CHURCH, HADLOW
PARENTAL CONSENT FORM**

The group organising the event completes Part A. Parts B, C and D should be completed by a parent or guardian of the young person named in part B. Please answer all questions so that the best possible care and quick, effective action can be taken in an emergency.

PART A: Details of the event

Name of Group	KIDS am and St Mary's Holiday Clubs
Dates	Saturday mornings during school year 2011 – 2012 Holiday Club will operate during one school holiday Dates to be advised
Leader	St Mary's Church

PART B: Details of the young person

Full name.....

Home address.....

.....

Telephone..... Date of birth.....

PART C: Medical details of the young person

Name and address of doctor.....

.....

Telephone.....National Health Number.....

Date of last anti tetanus injection (if known).....

1. Has he/she been away from home on their own before? YES NO
2. Has he/she been in contact with any infectious disease within the last three weeks?
YES NO
3. Is he/she taking any medicine, following any treatment or diet, etc that needs to be continued during the event?
YES NO
4. Does he/she suffer from any recurrent illness, e.g. asthma, hay fever, migraine, fits or faints, bad period pains or any other illness or disability?
YES NO
5. Is he/she known to be allergic or sensitive to anything, e.g. penicillin, aspirin, other medicines, food, etc?
YES NO

If the answer to any of these questions is yes, please give details.

PART D: Parental Consent

PERMISSION I give my permission for the young person named in Part B to attend and take part in the activities of the event named in Part A.

PERMISSION I give my permission for photographs which may include my child to form part of any display which may be run from time to time in St Mary's.

AUTHORISATION In the event of illness or accident requiring emergency hospital treatment, I authorise the leader named in Part A 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.

Signed..... Date.....

Name..... Parent/Guardian

Contact number

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 the 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 advice from parents or have a leader on hand to sign forms.

NAME OF CHILD.....

I will collect my child YES/NO

My child can walk home alone YES/NO

In an emergency - contact name

contact number

Please note that if your child leaves the premises during the club sessions St Mary's will not have responsibility for them. St Mary's will not assume responsibility for any child once they have left the premises at the end of the session