

**Parental Consent for children's activities at St. Matthews**

**Child's details**

Full Name.....

Address.....

.....

Date of Birth .....Age.....

School..... School year group.....

While your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias, has any medical conditions or disabilities. Are there any social or behavioural issues or anything else you would like us to know?

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Details of any Medication (If necessary please ensure an adequate supply is labelled and given to one of the organisers.)

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Details of any dietary requirements.....

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Family doctor's name, address and telephone number.....

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Any other information you think the organisers should know.....

.....

**Parent/Guardian Details**

Name

Address (if different from above)

Contact details (at least 2 numbers)

Home

Mobile

If parent or guardian isn't available please contact (at least 2 names and phone numbers)

Name

Name

Address

Address

Mobile Number

Mobile Number

## Consent

Please answer A or B only

**A** - I give consent for my child to attend any group relevant to their age run by St. Matthew's church Southcote. Yes/No

or

**B** – I give permission for my child to only attend.....

**A** - My child will be brought and collected from the group Yes/No

or

**B** - My Child has permission to travel to and from church alone Yes/No

I agree to any emergency treatment to be given as considered necessary.

NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.

We recognise that circumstances/information changes and if it does it is my responsibility as a parent/guardian to make the organisers aware in writing so that changes can be made to the existing form or a new form can be completed.

I give permission for this information to be stored on a PC Yes/No

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

### Please note

**We operate a text messaging service to parents informing you of upcoming events. If you prefer NOT to take part in this service please tick the box.**

Photographs and short videos of activities including your child make be taken for promoting future church activities. If you do not wish your child to be included please e-mail Lynn Everett at [lynn.everett@st-matts.org.uk](mailto:lynn.everett@st-matts.org.uk) or write to her at St. Matthews church, 205 Southcote Lane, Reading, RG30 3AX.