



September - December 2007
Consent for terms programme

Name of Child: _____

Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Tel no: Day_____ Eve_____ Mobile_____

Additional Contact (grandparent, friend etc.)_____

Tel no: _____

Name of GP:_____

Address: _____

NHS No: _____ Date of last anti-tetanus injection: _____

Details of any medical condition(s) & medication:

I give permission for_____ to take part in the normal activities of EXODUS. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of EXODUS. I understand that while involved he/she will be under the control and care of the group leaders and that while the leaders in charge will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

CONSENT

In an emergency if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. (Please circle) YES / NO

Signed (Parent / Guardian) _____