

**Quorn Baptist Church
Code of Practice Guidelines for Safeguarding – Appendix V
Consent Form**

Name of Group:.....

This form is to be completed by the parent or carer and returned to:
Quorn Baptist Church, Meeting Street, Quorn, Loughborough, LE12 8AQ

Details of Child		
Name:		
Address:		
Telephone Number:		
Date of Birth:		
Contact Information		
Please provide at least 1 set of details (for emergency use only)		
Name	Telephone Number(s)	Relationship to child
1)		
2)		
3)		
Medical Information		
Doctor's Name:		
Doctor's Telephone Number:		
Please give any information which will help us look after your child e.g. details of any medical problems, allergies, regular medication:		

**PLEASE COMPLETE ALL THE REQUESTED AUTHORISATIONS ON
PAGE 2**

Note to Group Leaders: Please delete any of the following sections that do not apply to your Group.

I give my permission for the child or young person named overleaf to be transported home by car at the end of each session and/or transported to off-site events.

YES / NO (please circle one option)

I give my permission for the child or young person named overleaf to be contacted by email or mobile phone for the purpose receiving information about the Group, or in the event of an emergency.

YES / NO (please circle one option)

We will occasionally take group photographs at different events and may use these photographs for publicising the Group or for sharing on, for example, the Group Facebook page. I give my permission for the child named overleaf to be included in any such photographs.

YES / NO (please circle one option)

I understand that Quorn Baptist Church cannot accept responsibility for personal accident and loss/damage to personal property. In the unlikely event of illness or accident, I give my permission for any necessary medical treatment to be administered by the nominated first aider or by suitably qualified medical practitioners.

Signature.....

Date.....

Name.....

Relationship to child.....

N.B. The information entered on this consent form will only be used for the administration of the Group.

ANNUAL REVIEW

I have reviewed the information on this form and confirm that it is still valid.

1. Signature.....

Date.....

Name.....

Relationship to child.....

2. Signature.....

Date.....

Name.....

Relationship to child.....