

Information and Consent Form for children and young people

Quaker Meeting: _____

Full name of child/young person _____

Date of Birth: _____

Address: _____

Details of any regular medication, medical issues (e.g. asthma, epilepsy, diabetes, dietary needs, allergies, etc.), dietary needs or additional needs/impairment which may affect activity: _____

If using only for a Children's Meeting or equivalent, ignore this box

Name of GP: _____ GP Tel No: _____

GP Address: _____

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

Name of parent/carer(s): _____

Tel No: Daytime & Evening: _____

Mobile(s): _____

Additional contact (eg grandparent etc or other holding parental responsibility)

Name: _____ Relationship: _____

Tel no: _____ Mobile: _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Name: _____ Tel No: _____

Address: _____

_____ Mobile: _____

Normal activities

I give permission for _____ to take part in the normal activities of this group.

I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved my child will be under the control and care of the group leader and/or other adults approved by the Meeting and that, while those in charge of the group 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.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. However, the parent/carer should be contacted and advised of the situation as soon as possible.

Day trips, outings and residential activities

It is important that those caring for children and young people on day trips, outings and residential activities obtain in advance, all necessary information concerning the child/young person's health, allergies, medication etc.

I give permission for _____ to take part in the day trip, outing, or residential activity, and I understand that:

- a. My child will receive medication as instructed before or during the event.
- b. Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- c. My child will be given medical/dental treatment as necessary.

Communicating with children & young people

Children and young people communicate via telephone, mobile, email, the internet and social media. Do you give permission for other children and the youth workers to communicate via these methods with your child? **Yes / No**

I give permission for _____ and the youth/children's workers to communicate using **telephone* mobile* email* internet* social media*** for the purpose of arranging children/youth activities. (**delete forms of communication you do not want your child contacted by.*)

Signed: (parent/adult with parental responsibility)

Name: _____ Date: _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer). If you would like to withdraw consent or have any further questions about the information we hold about you, **please contact:**

Name: _____ Email/Phone: _____

The Area Meeting undertakes to meet the requirements of the General Data Protection Regulations which became effective on 25 May 2018 and all other relevant legislation, and to comply with the expectations of the Information Commissioner's Office relating to the privacy and management of data about individuals.