

General Consent Form

Please complete and return this page to Sarah Butland. Thank you.

Details	Your Information
Young Person's name	
Parent/ Guardian's name(s)	
Parental E-mail Address Address* Postcode	
Home Telephone Number*	
<i>Young Person's</i> E-mail Address* Mobile Number	
Date of Birth / School Year	
Any relevant medical conditions/ disabilities/ allergies or dietary needs	
Emergency contact Name and number	
Doctor's name and telephone number	
Any other relevant information Please continue on a separate sheet if necessary	

*Please highlight your preferred method of communication. Thanks.

Parental Consent

I give my permission for this young person to attend and take part in the activities organised by the WDEC Youthwork team (see attached list) and I give my consent for this young person to receive emails and text messages regarding the Church youthwork activities.

I confirm that the information given in relation to this young person is correct to the best of my knowledge and I accept that it is my responsibility to inform the West Derby Evangelical Church of any changes to any of the above information.*

I give permission for this young person to appear in photos used to publicise the WDEC Youthwork.

Signature of Parent/ Guardian.....Date.....

Medical Authorisation**

In the event of illness or an accident requiring emergency hospital treatment and / or if I am not contactable, I am willing for this young person to receive any necessary hospital or dental treatment including an anaesthetic and I authorise the youth volunteers approved by the youthwork management team 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).....

This must be completed by the young person's legal guardian.

*Please note that this information will be kept in accordance with the data protection act for use only by West Derby Evangelical Church Youth team and will not be passed on to any third party.

**The medical profession takes the view that a parent's/ guardian'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 a doctor has the right to insist on parent/ guardian consent in advance or have a leader on hand to sign forms.