

TWCF Consent Form

Applicable to general activities NOT including unsupervised activities. For any events requiring unsupervised activities we will issue a separate form.

Name of Child: _____ Date of birth: / /

Home Address: _____ Postcode: _____

Home Telephone Number: () _____ School: _____

Emergency Contact Number(s): _____
(During session times)

MEDICAL / HEALTH

Name of Home Doctor: _____

Address and Phone No: _____

Does your son/daughter suffer from any ailment, need to take pills or medicine or require any regular medical treatment or special diet? **Yes / No**
(please select)

If you selected "Yes" please give further details (please include any allergies)

ESSENTIAL - Please ensure that the children always bring their inhaler if they require one as the group may take part in physical activities.

My son/ daughter's immunisations are up to date (including anti - tetanus). **Yes / No**

I give permission for a TWCF approved First Aider to administer basic First Aid to my son /daughter **Yes / No**

In the event that I cannot be reached in an emergency, I agree to medical and dental treatment being given to my child. This may also include the administration of a general anaesthetic or surgical operation in the case of a medical emergency. Any such action will be in accordance with the recommendation of a qualified medical practitioner. **Yes / No**

GENERAL

I am happy for photographs of my child to be used in TWCF publications. **Yes / No**

I am happy for my child to receive news of future events at TWCF. **Yes / No**

I would like my son / daughter to take part in the sessions. I agree that my child will remain with the session leaders at all times. I understand that the staff in charge of the group will take all reasonable care of the participants. I also understand that my son / daughter shall be required to obey the instruction of the staff and any other responsible adult at all times. I understand that the staff in charge of the group cannot necessarily be held responsible for any loss, damage or injury sustained by my child during, or as part of an activity, or for loss or damage to any personal property brought by my son/daughter into the activities.

Signed (Parent/ adult with parental responsibility): _____ **Date:** _____

Name (Parent/ adult with parental responsibility): _____