

CONSENT FORM

We care about the health and safety of every child who visits Sayers Croft. To enable your child to receive emergency treatment, please complete this form.

Child's name:

Address:

..... Tel (day):

Tel (night):(mobile):

Group name: Date of Visit

Date of BirthHas your child been away from home before? YES / NO

Name and address of child's doctor:.....

.....

Tel no:

I consent to my child being given a mild painkiller (calpol or paracetamol) and receiving first aid, emergency dental or medical treatment. (In the event of a serious medical emergency, every attempt will be made to contact you first).

I consent to my child taking part in the agreed programme of activities.

Signed: Full Name in capitals:

Relationship: Parent / Guardian

We have comprehensive policies and procedures for Health and Safety and Child protection. All aspects of the Centre's work are risk assessed. All of this information is available on our web site www.sayers-croft.org.uk

MEDICAL DETAILS

We welcome everyone to Sayers Croft but for your child's safety, we do need to be aware of any pre-existing medical conditions so that we can take appropriate control measures:

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Medication:

ALL MEDICINES MUST BE CLEARLY LABELLED WITH NAME AND DOSAGE

PHOTOGRAPHIC CONSENT

Sayers Croft is a Centre for everyone. We wish to encourage people from all parts of our society and with all abilities to use our facilities. In order to promote our services we need to photograph visitors undertaking all of the activities that we offer. We would never give the name of an individual or a group in any photograph that we use either in publicity materials, on our web site or in press releases.

I give permission for photographs to be taken and used, only in the manner described above, for the purpose of promoting Sayers Croft.

Signed Date:.....