

KK Klub Consent Form

This consent form covers all KK Klub organised events, including residentials, conferences and day events. This form should be completed by a parent/guardian if you are under 18, before you are able to participate in any activities with KK Klub. If you are 18 or over you should complete the form yourself and sign at the end of the second page.

Failure to return a completed form means you will be unable to attend any organised events held by KK Klub.

Child/Young Person Information

Name of child/young person:.....

Home address:

.....

Telephone no Home:..... Mobile:.....

Date of Birth: Age:.....

Parent/Guardian Information

Parent/Guardian Name.....

Parent(s)/Guardian Tel No. Day Evening:.....

Mobile E-mail

Re collection of children from the club: is there any person we should know about who has restricted access to your child/children? Yes / No (delete as applicable) *If yes, please contact Ken (01822 610570) with details.*

Child/Young Persons Medical Details

Name of Doctor: Tel No.....

Doctor's Address:

Does your son/daughter suffer from any conditions requiring special medical treatment, including medication, if yes please give details below:

.....

.....

Is your son/daughter allergic to any medication?

.....

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If yes, please give brief details below:

.....

.....

Does your son/daughter have any special dietary requirements? If yes, please give details

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Has your son/daughter received a tetanus injection in the last ten years?

.....

I undertake to inform the co-ordinator/group leader as soon as possible of any change in the medical circumstances between the date signed and the commencement of any residential trip.

Emergency Contact Details

We would appreciate an alternative contact name and details (in case of emergency)

Contact name:

Relationship to child: (eg neighbour, aunt etc)

Address:.....

..... Telephone no:

Any other comments or information you feel may be useful:

.....

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Declaration

- I understand that this consent form covers my child to take part in all KK Klub activities. I acknowledge that I will receive a letter to confirm events as they are planned. I agree to the staff members of KK Klub to give permission for my child to receive any emergency dental, medical or surgical treatment, which is considered necessary by a medical authority. I will inform members of the KK Klub staff of changes in any of the information requested on this form.
- I ensure that my son/daughter understands as far as reasonably possible that it is important for his/her safety and the safety of the group as a whole that any instructions given by staff in charge are obeyed.
- I understand that while KK Klub staff are in charge they will take all reasonable care of the young people, and cannot be held responsible for any loss, damage or injury suffered by any child arising during organised events. I understand that young people are counted to be in the charge of KK Klub staff from the time they arrive at the club to the time that they leave, and that those running the KK Klub are not responsible to see that children arrive at the Club or arrive home after they have left.
- **I do /do not give my permission** for any photographs taken of my son/daughter, whilst involved in KK Klub activities to be used for display or publicity purposes (**please delete as appropriate**). I understand that KK Klub will not identify any children by name in any promotional material.

I give permission for leaders to seek professional medical help for my child in case of an emergency:

Signed:..... Date:

Relationship to young person.....

King's Church, Pixon Lane, Tavistock, Devon PL19 9AZ
Tel: 01822 610570 e-mail: ken@kingsnews.org.uk www.kingsnews.org.uk/youth
KK Klub - part of Tavistock Community Church - registered charity number 801576