



LCF Children's Work Global Consent Form 2018

LCF complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

SECTION 1 – This data will help us to contact you should we need to during our activities and trips.

Child's Details:			
Title:	First name:	Surname:	Gender: M / F
Address:			
Town:	Postcode:		
Date of Birth:			

Contact Details for First Parent, Carer, Guardian:			
Title:	First name:	Surname:	Gender: M / F
Address:			
Town:	Postcode:		
Email:			
Mobile:	Home Phone:		
We would like to keep you informed with news about LCF. However, if you prefer not to receive news from LCF, please tick this box [<input type="checkbox"/>]			

Contact Details for Second Parent, Carer, Guardian: (if details are different from above)			
Title:	First name:	Surname:	Gender: M / F
Address:			
Town:	Postcode:		
Email:			
Mobile:	Home Phone:		
We would like to keep you informed with news about LCF. However, if you prefer not to receive news from LCF, please tick this box [<input type="checkbox"/>]			

SECTION 2 – MEDICAL INFORMATION. This data will help us to give the best possible care to your child during activities and trips

Name of family Doctor:
Address and phone no. of Family Doctor:

Please give details of any allergies affecting your child and/or details of any medication your child is currently taking, including the dosage and whether it can be self-administered:
Has your child been diagnosed with ADHD, Autism, Asperger's or any special needs?

Continued overleaf...

Please give details of any contagious or infectious diseases your child has suffered from in the past 3 months, or other recent illnesses:

Please give details of anything which may affect his/her fitness to participate in certain activities, or which may affect their wellbeing (e.g. recent operations, phobias, sleepwalking, toileting difficulties, etc):

Please give date of last anti-tetanus injection:

Please give details of any special dietary requirements your child has (e.g. Halal, vegetarian, diabetic, etc.):

If supervised swimming is offered on the programme, do you give consent to your child taking part? YES / NO
If consent is given, what distance can they swim?

Please give details of any types of activities and trips in which your child may not participate (e.g water activities, etc.):

Please give any other information you think may be useful to us in caring for your child (e.g. suffers from travel sickness):

SECTION 3 – to be read and signed only by a parent or other adult with parental responsibility.

I give permission for my child to take part in LCF children’s work activities and trips and I understand the nature of the activities and trips that will be undertaken and the travel arrangements.

I understand that travel to LCF children’s work activities and trips will be a combination of public transport, minibus and personal cars.

I understand that the leaders will take all reasonable care in looking after my child but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of LCF activities and trips

In an emergency, if I cannot be contacted, despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for LCF to process the personal data given on this form for use in relation to my child taking part in these activities and trips.

I understand that by participating in LCF children’s work activities and trips, video/photographs of my child may be taken with other young people for use on the LCF/LCF children’s work website. Please tick this box if you do **not** consent to video/photographs of your child to be used. []

I understand that if my child grossly misbehaves during activities and trips then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes, alcohol and drugs are forbidden and failure to abide by this rule may constitute gross misbehaviour.) I agree to pay for deliberate damage to property caused by my child.

I give permission for my child/children to walk home alone at **8:00pm** after 8.12 Friday Night Club. **YES / NO** (circle)

I undertake to inform LCF before each activity of any changes to these details.

Signature: Parent or other adult with parental responsibility	Date:
Relationship to child:	