



General Information and Consent Form

In order to ensure your child's safety, we would be grateful if you would complete and return this form. Please let us know if there are any significant changes. A copy will be retained confidentially by the group leader.

BOOMERANG	GROUP No1 Youth Cafe
Name of child or young person	Address of child or young person
Date of Birth	
Name of person with parental responsibility	Name of additional contact with parental responsibility (in case of emergency)
Telephone Number: Day: Evening:	Telephone Number: Day: Evening:
Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:	
PARENTAL CONSENT <ul style="list-style-type: none">• I give permission for child, as named above, to take part in the normal activities of this group.• I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.• I understand that while involved in the activities of this group, he/she will be under the control and care of the of the group leader and/or other adults approved by the organisation and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.• I understand and give consent that on some occasions photographs may be taken, and used for publicity purposes for the group. <p>In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)</p> <p>Signature (parent or adult with parental responsibility)</p>	