



Consent Form for Only GOKing!

(Kit list, directions, etc., will be sent on receipt of this form).
Location – Kings Street Congregational Church, Newcastle–Under-Lyme
4th-6th December 2009

Part 1 of the Form requests health and other information which will enable us to respond quickly should there be an accident or emergency during the event. Parts 2 and 3 seek your permission for your child to take part in the various activities of the event. If you have any queries please do not hesitate to contact Gail, as below, for clarification.

PART 1 Full name of child: _____ Date of Birth: _____

Address: _____

_____ email address: _____ Tel. No.: _____

Name of own Doctor: _____ and Tel. No.: _____

National Health Number: _____ Date of last tetanus injection: _____

Church _____

Please record on the back of this sheet or on separate sheet(s) stapled to this one:
(please indicate in the box the number of sheets stapled on):

- section a) Details of any illness, disability or medical problem (e.g. asthma, epilepsy, diabetes, allergies, travel sickness, particular susceptibilities - e.g. to heat/sun, etc.), which may affect normal activity and/or of which the leaders should be aware,
- section b) Full details of any medication required, (e.g. dosage and frequency, ability or otherwise of the child to administer the medication personally, action in emergency. All medication must be labelled clearly and correctly with name and dosage and should be handed to the Welfare Officer on arrival so that it can be logged in. Please give us written instruction to then return it to the child, if you wish the child to administer the medicine itself. Preferably all medication should be kept in our medications cupboard, (to keep it safely otherwise can be difficult), excepting inhalers, and even in this case the child's spare inhaler should be handed in, for safe keeping and to avoid loss).
- section c) Details of 'legitimate' dietary preferences, (e.g. vegetarian), and food allergies. Except as indicated under this section, children will be expected to eat the food prepared.

This Part 1 can be signed by a parent or carer: Signed: _____

Name (printed): _____ Relationship to child (e.g. father): _____

Address if different from above: _____

Tel. Nos. if different from above: Day: _____ Evening: _____

Others whom we could contact in emergency: (please add at least two other names and contact numbers)

PART 2

This Part can only be signed by those with parental responsibility,
(e.g. this does not include a foster carer)

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic:

Please tick:

YES

NO

I give permission for: _____ to attend the event and to take part in the normal (*)activities of this group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the leader and that, while the staff in charge of the group will take all 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 would like my child to attend Only GOKing!

Signed (Parent/or adult with parental responsibility): _____

Name (printed): _____ {NB The information part (Part 1) can be completed by a carer. Only those with parental responsibility, e.g. this does not include a foster carer, can sign the Consent (Part 2)}

Address (if different from that given overleaf at the beginning of Part 1):

With whom does your child live, if with neither of the signatories to Part 1 or 2:

Address: _____

Tel. Nos. (if different from above): Day: _____ Evening _____

IF YOUR CHILD IS UNDER 12 YEARS OLD OR LESS THAN 135CMS – PLEASE SUPPLY THE NECESSARY CHILD RESTRAINT (BOOSTER SEAT).

*** Normal activities include things like:**

Sleeping in tents and home-made shelters, working on community projects, working in small groups to complete questionnaires with members of the public, fundraising activities in a public place, using tools for craft projects, constructing and cooking on open fires, playing games and making sandcastles on the beach, bicycle riding, activities in local leisure centre(inc Swimming), night hikes and games in fields or local woods, longer day hikes, orienteering, night hikes, cooking meals, coastal walks, flying kites, visits to local towns for shopping, treasure hunts, races in shopping trolleys, making and using home-made go-karts, team games such as football, etc. All these are supervised by members of our own leadership team and leisure centre staff as appropriate.

It may also include your child travelling in cars or minibuses driven by members of our leadership team to and from activities. We will ensure that the vehicles have current road licences, MOTs and insurance. Normal car insurance, as you probably know, does not necessarily include passenger cover. You may therefore wish to take out personal accident cover for your child. (Also see note 4 in part 4)

Please cross out any of the above in which you would wish your child **not** to participate, and/or contact Gail, (as below) if you have any queries or concerns. **(All of the activities are not available at every camp)**

Part 3. I also give permission for the above named child to take part in 'adventurous activities' in addition to those which might be described as 'normal'.

At Only GOking there will be a choice of 2 activities, one will be ice skating at (<http://www.trentham.co.uk/>), and the other option will be swimming at Waterworld, (<http://www.waterworld.co.uk/>)

All of the activities are at centres, licenced - if the activities come within the scope of the Adventure Activities Licencing Regulations 1996 - with appropriately trained and qualified instructors, as well as our own leaders there to give encouragement and assistance.

To be able to book the activities please indicate which one your child would prefer to do

Ice skating or swimming (this is only a guide)

Signed (Parent/or adult with parental responsibility): _____

Name (printed): _____ {NB The information part (Part 1) can be completed by a carer. Only those with parental responsibility, e.g. this does not include a foster carer, can sign the Consent (Part 2)}

Please cross out any of the above in which you would wish your child **not** to participate, and/or contact Gail, (as below) if you have any queries or concerns.

Can your child swim 50 metres?

PART 4 General Notes:

Note 1. We try to work closely with your local church and will publicise any future events through the church. We also like to keep in touch with children who attend our events and let them know about our future plans. Please let us know how you would prefer us to contact your child, or indeed if you would prefer us not to get in touch at all.

As parent/carer of the above, please tick one as appropriate:-

a. I give permission for you to send any follow-up letters and future publicity to my child(ren).

b. Please send any follow-up letters and future publicity to me.

c. Please send any follow-up letters and future publicity only via the local church.

d. I do not wish my child(ren) or myself to receive any follow-up letters or future publicity.

If you select d, could you help us to understand why? _____

Photographs/videos are often taken at the camps and used in future publicity, literature and multi-media publications of Gofrit, the Congregational Federation or on the Gofrit website

As parent/ carer of the above, please tick one as appropriate

I give my permission for photographs/videos of my child to be used for this purpose

I do not give my permission for photographs/videos of my child to be used for this purpose

On a Tuesday evening from 8.00 – 9.00p.m – Gofrit leaders and campers chat using MSN. If you would like your child to participate in this, we need parental permission. Please ask if you need more information.

I give my permission for my child to participate

I don't give my permission

Note 2. 'Go...' acknowledges the help given in the Congregational and General Insurance Plc's 'Guidance to Churches - Protecting Children', and by the Churches Child Protection Advisory Service, in formulating this form.

Note 3. Camp fee £25 (cheques payable to GOFRIT). But please don't let this put anybody off from attending so give Gail a ring to chat about available bursaries and mini-grants.(01453) 843855 (This covers everything except travel to and from Newcastle-under-lyme and spending money)

Note 4. 'Go...' has taken out Public Liability Insurance cover for the leadership team. However, you may consider it prudent to take out your own insurance to cover PERSONAL ACCIDENT, PERSONAL BELONGINGS, TRAVEL ETC

Note 5. Please complete this form and return to: **The Gofrit Administrator, Mrs Alison Biddle, 6 Bridge End, Southam, WARKS, CV47 1PD** With queries,etc., contact can be made by telephone or e-mail, 01453 843855, Gail@gofrit.co.uk, or 07814 576392, mattyboy70@hotmail.com