



**Consent form for Kids Activities organised by AoG Central, 2 Queens Road, Fraserburgh**  
Prayer Breakfast, Glo, Fuse, iKids, Kids Life Groups, KNL,  
Jump Holiday Clubs, and any other activities organised by AoG Central Fraserburgh.

Full name of child ..... D.O.B.: ...../...../..... Primary: .....

Home address: .....

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Home phone No..... Mobile No .....

Emergency Contact ..... Emergency Phone No .....

Details of any regular medication, medical conditions(e.g. Asthma, epilepsy, diabetes, food allergies) which may affect normal activity

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Doctors Name..... Phone Number .....

Surgery ..... Date of anti tetanus injection.....

If you would like to receive newsletters and updates via email write you email address.

Email.....

I give permission for the above named child to take part in the Activities organised by the AoG Central Fraserburgh Children's Department. I understand that He/She will be under the care of approved Leaders, who will take all reasonable care of the children, but cannot necessarily be held responsible for any loss, damage or injury sustained by a child during an activity. I give my consent for this child to receive emails and text messages regarding K-NL activities. I confirm that the information given in relation to this child is correct to the best of my knowledge and I accept that it is my responsibility to inform K-NL of any changes to any of the above information.

I give permission for this child to appear in photographs and video for promotion purposes, newspapers, Facebook & YouTube.

Signature of Parent/ Guardian ..... Date .....

**Medical Authorization\***

In the event of illness or an accident requiring emergency hospital treatment and / or if I am not contactable, I am willing for this child to receive and necessary hospital or dental treatment including anaesthetic and I authorize the youth volunteers to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signature of Parent/ Guardian .....

Date.....

Name of Parent/ Guardian .....

**(This must be completed by the child's legal guardian.)**

\*The medical profession takes the view that a parent's/guardian's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parent/guardian consent in advance or have a leader on hand to sign forms.