

CONSENT FORM FOR KIDS ACTIVITIES AT AOG CENTRAL

JUMP, PRAYER BREAKFAST, GLO, FUSE, IKIDS, AND OTHER ACTIVITIES ORGANISED BY AOG CENTRAL FRASERBURGH

FULL NAME OF CHILD D.O.B. PRIMARY MOBILE NO

HOME ADDRESS HOME PHONE NO

EMERGENCY CONTACT EMERGENCY PHONE NO

DOCTORS NAME SURGERY PHONE NUMBER

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS; ALLERGIES; PHYSICAL OR SOCIAL LEARNING DIFFICULTIES; BEHAVIOURAL CHALLENGES THAT WE SHOULD BE AWARE OF?

We would love to stay in touch with you and keep you informed of future events & other news, to opt into our mailing list please tick the box below and write your email address. EMAIL

You can unsubscribe at any time, either by clicking on the unsubscribe link at the bottom of our emails, or by contacting us by email kids@aogcentral.co.uk or call 01346 518006. AoG is a company limited by guarantee (No 2873415) and also a registered Scottish charity (SCO276290).

I give permission for the above named child to take part in the Activities organised by the AoG Central Fraserburgh. 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 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 AoG Central 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, AoG Central website, Instagram, Facebook & YouTube. 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 anesthetic and I authorize the 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.

I give consent that the above information will be held and processed by AoG Central. This physical document will be retained as evidence of explicit consent given and the data will be transferred to our online database to be used in case of an emergency or to contact you the parent/carer. Consent can be reviewed or retracted at any time by simply emailing ined@aogcentral.co.uk

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.