



## General Information & Consent Form (For children and young people)

The JLE (Jewish Learning Exchange)

Full name of child/young person: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of GP: \_\_\_\_\_

Tel No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

\_\_\_\_\_  
\_\_\_\_\_

Name of parent/carer: \_\_\_\_\_

Tel no: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Mobile: \_\_\_\_\_

Additional contact (grandparent etc. or other holding parental responsibility)

Name \_\_\_\_\_

Tel no: \_\_\_\_\_

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc.) please give details of those with parental responsibility

Name(s): \_\_\_\_\_ Tel no: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I give permission for \_\_\_\_\_ 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 he/she will be under the control and care of the group leader and/or other adults approved by the JLE leadership 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.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance, the following from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Children and young people communicate via telephone, mobile, email and the internet.

Do you give permission for children/youth workers to communicate via these methods to your child? E.g., contact via email with changes to the youth meeting times:

\_Yes      \_No

I give permission for my child and the JLE workers to communicate using

Telephone    mobile      email      internet

for the purpose of arranging children/youth activities.

*(Please delete forms of communication you don't want your child contacted by)*

Signed: (parent/adult with parental responsibility)\_\_\_\_\_

Date: \_\_\_\_\_

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).