



Information & Consent Form

Group Name _____

Group Leader _____

Group Member

Name _____

Date of Birth _____

Address _____

Mobile _____

Email _____ (so we can send you Group information)

Are there any medical needs we need to be aware of?
(eg. asthma, epilepsy, diabetes, allergies, regular medication etc.)

In case of emergency,

Details of G.P

Name

Address

Telephone Number

Parent/Guardian

Name _____

Contact Number _____

Name 2 _____

Contact Number 2 _____

Consent

As part of a Go Group we're going to be working in the community Making A Difference and we'll be judged on the video report of our project. Whilst Group Leaders will take all sensible precautions to reduce any risk we can't totally eliminate all risks and we expect each Group Member to take responsibility for their own behaviour and actions.

As Parent/Guardian we need your support and consent for your child to participate in our GoMAD Group.

**please delete as applicable*

I do / do not* give consent for my child to participate in this Go Group.

I do / do not* give consent for my child to be photographed & filmed or take part in video/media activities in connection with their Go Group.

I do / do not* give consent for medical treatment including anaesthesia to be given to my child in a medical emergency.

Signed (Parent/Guardian): _____ **Date:** _____

Name (Printed): _____