

PARENTAL CONSENT FORM



Anything written on this form will be held in confidence.
The leaders need to know these details in order to meet the specific needs of your child.

Organisation: _____

I give permission for my child to attend and participate in the activities of the above organisation, which meets in the church complex.

Child's Full Name: _____ DOB: _____

Name by which he/she is usually known: _____

Address: _____

Contact Telephone Numbers: Home: _____ Mobile: _____

If unavailable, contact:
Name: _____

Contact Number: _____

Relationship to Child: _____

Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Name printed in full: _____