

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: _____

Name of Parent/Guardian to be contacted _____

Phone number where I can be contacted in an emergency: _____

Home: _____ Mobile: _____

Second Contact's Name: _____

Relationship to Child: _____

Phone Number (including code): _____

Please indicate medical conditions, additional 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:

Do you give permission for photographs/video to be taken of your child and used for church purposes? Eg Powerpoint display in Church service (tick as appropriate) Yes No

Do you give permission for photographs/video to be taken of your child and posted on the church website or church Facebook Page/ Group? (tick as appropriate) Yes No

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.

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

Signature of Parent/Guardian: _____ Date: _____