



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 need of your child.

Name of Congregation	
Name of Organisation(s) attended	

I give permission for my child to attend the organisation(s) above at their usual meeting places and participate in all of their activities.

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			
Please indicate medical conditions, additional needs, allergies or dietary requirements to your child, any medication being taken and anything else that would be helpful for the leaders to know.			
Do you give permission for photographs/videos to be taken of your child and used for church purposes? E.g. PowerPoint display in church service (<i>tick as appropriate</i>)			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

Do you give permission for photographs/videos 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.

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.

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

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

Parent/Guardian Signature

Date