

**SIGN UP
TODAY!**

Courageous

FAITH

Parent Consent Form

Monday 25th – Friday 29th July 10.30am -12.30pm

Organisation: Location:

Leader:

Day/Time of organisation:

Age group

Child's Details

Name: DoB:

Year group at school:

Details of parent/guardian completing this form

Name:

Relationship to child:

Address:

Tel Home No:

Mobile No:

Email: *

(It is important that we get your email address as this is how we will contact you)

I give permission for my child to attend and take part in the activities, at Whitewell Metropolitan Tabernacle Church YES No

Details of any known conditions, allergies, etc (* e.g. Asthma, Diabetes, Epilepsy.)

Note: if your child requires medication to be administered in an emergency, please inform the leader in charge. Any other special needs, requirements or directions which would be helpful for the leader in charge to know about:

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

I Agree I Disagree

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

I Agree I Disagree

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf, any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I Agree I Disagree

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 church/organisation 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.

I Agree I Disagree

During the time your child will spend with us, videos and photographs may be taken that will be used for publicity purposes, (e.g. church magazine, social media, website, etc,) and for this we need your permission. I authorise videos and photographs to be taken of my child.

I Agree I Disagree

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

Name printed in full:

Can Whitewell Metropolitan Tabernacle send you information/news updates by phone, text or email? (Tick box if YES)

Signed

Date

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

