

PARENT CONSENT FORM

Should ANY of these details change it is YOUR responsibility to let the organisation leader know ASAP

Organisation: (BALLYCLARE PRESBYTERIAN CHURCH)

Child's Name: Date of birth:

Address:.....

Phone number(s) where I can be contacted in an emergency:

Home Telephone No: Mobile:

Email:

Second Contact Name: Relationship to child:

Second Contact Telephone No:

Doctor's Name:

Doctor's Address:

Doctor's Telephone No:

Please give details of any known conditions, allergies etc (asthma, diabetes, epilepsy) and any medication taken:

.....

Please give details of any other special needs, requirements or directions that would be helpful for leaders to know:

.....

Medical Treatment

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 trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

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 require by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

On signing this form we will assume you have given permission for the above unless otherwise informed.

Transporting Children

Occasionally the organisational programme may require travel. On signing this form we will assume you have given permission for your child to be transported by a suitably qualified adult leader on any occasion that is appropriate.

Photographs, Videos and Websites

During the time your child will spend with us, photographs and/or video footage may be taken for general church purposes including appearing on church website 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 and that I give my permission for my child to take part in the programme of the above named organisation.

Signature: (Parent/Guardian) *please delete as appropriate*

Name (Please Print): Date: