

# PARENT CONSENT FORM FOR SPECIAL OUTINGS / ACTIVITIES

Anything written on this form will be held in confidence.

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 / 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: .....	

Details of outing/activity/residential:	
Date:	Time:
Method of Transport:	
Cost (if any):	
Collection Arrangements:	
<i>I note the arrangements and give permission for my child to take part in this outing/activity/residential.</i>	

Do you give permission for photographs/video 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/video to be taken of your child and posted on the Church Website or Church Facebook Page/Group? ( <i>tick as appropriate</i> )      YES <input type="checkbox"/> NO <input type="checkbox"/>	

*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.*

**DATA CONSENT**

Please read the follow DECLARATION STATEMENT and only sign if you agree with how personal data will be used. The data collected on this form is held for the sole purpose of BPC and will not be distributed to any third party organisations. BPC only requires the requested personal information for BPC related business. Records will be kept securely on file by the Church / Office for a period of six years after which point these forms will be destroyed.

Signed :	Relationship to Child:
Print name:	
<b>Contact Telephone Numbers</b>	
Home :	Mobile: