

Multi Purpose Parental Consent Form

Congregation:

Please circle those attended by your child.

Boys' Brigade Youth Fellowship Sunday School Girls' Brigade
 Bible Class Scouts CE Guides Other

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.

I give permission for my child to attend the organisations which I have marked above at their usual meeting places and participate in all their activities.

Child's full name: DoB:

Name by which he/she is usually known:

Address:

Phone number where I can be contacted in an emergency:

Home:

Work: Mobile:

If unavailable contact:

Name:

Phone no (including code):

Relationship to Child:

Name and phone number of GP:

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

.....

Any other special needs, requirements or directions that would be helpful for the leaders 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 to our address or to any of the phone numbers given above.

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

During the time your child will spend with us, photographs and video recordings may be taken for general church purposes, publicity and inclusion on the 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/ inclusion on video recordings unless otherwise informed.

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

Signature: (Parent/Guardian) Date:

Name printed in full: