

PARENTAL CONSENT FORM - PLEASE PRINT

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.

Group/ Congregation:

Child's Details

Address

Child's full name:

Date of Birth:

Age:

Street Name & No:

County:

Postcode:

First Contact

Second Contact

Name and number where I can be contacted in an emergency. (Please include a mobile No)

Name:

Number:

Name:

Number:

If unavailable additional contact name including relationship to the child incase you are unavailable.

Name:

Relationship to the child:

Number:

Details of any known conditions, allergies and any medications being taken:

Name and Phone number of GP:

Guardians declaration

.....
I give permission for my child to attend Autumn Soul Weekend and to participate in all their activities.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any change 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.

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

Name printed in full:

Relationship to Child:.

Signature: (Parent/Guardian)

Date:

I give/I do not give permission for myself to be photographed or filmed at Autumn Soul and am aware that this may be used for display purposes

