

Parental Consent Form

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.

Name of Congregation: BALLYCARRY PRESBYTERIAN CHURCH Event: 'SEASIDE ROCK' Holiday Bible Club 12 th -16 th August 2019 6.30pm – 8.30pm
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I give permission for my child to attend the organisation 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:	
Name of Parent to be contacted:	
Phone number where I can be contacted in an emergency:	
Home:	Mobile:
If unavailable, contact:	
Name:	
Phone no (including code):	
Relationship to Child:	
Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:	

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.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume that 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.	
Signature (Parent / Guardian):	Date: