

NEWTOWNARDS CONGREGATIONAL CHURCH YOUTH ORGANISATIONS' ANNUAL CONSENT FORM

This form is to be completed by the Parent / Guardian of the Child attending the organisation(s)

Child's Details

Name _____

Address _____

Telephone No _____ Mobile no. _____

Date of Birth _____ Email _____

Medical Details

Doctor's Name _____ Tel no. _____

Address _____

Detail any known allergies / sensitivities _____

Detail any medication / special diet /
treatment being undertaken _____

I give permission for _____ (*name of child*) to attend and take part in
the activities of the: ***please tick the appropriate organisation(s)***

Boys' Brigade

Sunday School

Girls' Brigade

Cross Factor

Please supply contact details, ***other than those above***, in case of an emergency.

1st Emergency Contact

2nd Emergency Contact

Name: _____

Name: _____

Tel no. _____

Tel no. _____

Relationship to Child _____

Relationship to Child _____

I ***do / do not****give permission for my child to appear in photographs/ videos for use by the above organisation in a promotional capacity within the church. ****delete where appropriate***

I ***do / do not****give permission for my child to attend outings with the above organisation and understand that I will be informed of every outing. ****delete where appropriate***

I authorise the leader of the organisation to

- (1) act on my behalf if any urgent medical treatment is necessary.
- (2) transport my child to and from the church on the church minibus/leader's car when necessary.

In line with current legislation we must inform you that we operate under the Church's Child Protection Policy, a copy of which can be made available to you should you request it.

Signed _____ Date _____

Relationship to child _____