

Dundonald Baptist Church

Parental General Consent Form

Return this form with the young person. Contact details and organisation times are available on request.

Anything written on this form will be held in confidence. The leaders need to know these details in order to best meet the needs of your child.

I give permission for my child to attend and take part in the activities, both on and off premises, of the organisations provided by Dundonald Baptist Church.

It is my responsibility to make suitable arrangements to drop off and collect my child at the appropriate times.

I give permission for my child to travel in a private car, or minibus, driven by leaders or parents (who have completed our training as leaders/helpers); or are employed by the transporting company should this be required.

I will inform the leaders of any important changes to my child's health, medication or needs and of any change of our address or any phone numbers given on this form.

In the event of illness or accident, having parental responsibility for the named child, I give permission for necessary first aid to be administered by a person suitably trained to give first aid, if available, OR medical treatment to be administered by a suitable qualified medical practitioner.

If I cannot be contacted and my child requires emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. I understand every effort will be made to contact me as soon as possible.

During the time your child will be with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we assume you have given permission for your child's photo to be taken and used unless you otherwise inform us in writing.

(Over) >

Child's full name: _____

Name normally known by: _____

Address of child: _____

_____ Post Code: _____

Date of Birth: _____ Age: _____ School Year / Class Attended: _____

Phone numbers where you can be contacted in case of emergency:

Home: _____ Work: _____ Mobile _____

If unavailable second contact:

Name: _____ Relationship to child: _____

Home: _____ Work: _____ Mobile _____

Health

Details of known conditions, allergies, etc (Asthma, Diabetes, and Epilepsy) any medication being taken: (NOTE: *if your child requires medication to be administered, please inform the leader in charge*)

Any special needs, requirements or directions which would be helpful for leaders to know about:

I confirm that the details given above are correct to the best of my knowledge and affirm that I accept the declaration overleaf and have legal parental / guardianship responsibility to be able to sign this form.

Signed: _____ (Legal Parent/Guardian)

Name: _____ Relationship to child: _____

Date: _____ Email: _____