Loughaghery
Presbyterian Church

SPECIAL ACTIVITY PARENTAL CONSENT FORM

Anything written on this form will be held in confidence.

Name of Organisation:	
Details of outing/activity/residential:	
Date:	Time:
Method of Transport:	
Cost (if any):	
Collection arrangements:	
I note the arrangements and give permission for my child to take part in this outing/activity/residential.	
Print Child's Name:	
Please indicate medical conditions, additional 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:	
Do you give permission for photographs/video to be taken of your child and used for church and organisations purposes? E.g. in organisation magazines *(tick as appropriate)* YES ☐ NO ☐ Do you give permission for photographs/video to be taken of your child and posted on the Church Website? *(tick as appropriate)* YES ☐ NO ☐	

□ In the event of illness or accident, having parental responsibility for care of the above named child, I give permission for first aid to be administered where considered necessary by a nominated first aider or medical treatment to be administered by suitably qualified medical practitioners. 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 leaders will endeavour to contact me as soon as possible.

□ I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes in our address or any of the contact details given.

Signed:	Relationship to Child:
Print name:	
Contact Telephone Numbers	
Home:	Mobile: