

HOLIDAY BIBLE CLUB PARENTAL CONSENT FORM

Our Child Protection Policy requires leaders within the organisations listed to have the appropriate parent/guardian consent to cover their responsibilities whilst your child is in their care. 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.

Holiday Bible Club

Child's full name:		DoB:
Name by which he/she is usually known:		
Address:		
Name of Parent/Guardian to be contacted:		
Phone number where I can be contacted in an emergency:		
Home:	Mobile:	
Email address:		
Second contact's Name:		
Relationship to Child:		
Phone no (including code):		
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 (<i>tick as appropriate</i>) YES ☐ NO ☐		
Do you give permission for photographs/video to be taken of your child and posted on the Church Website? (<i>tick as appropriate</i>) YES ☐ NO ☐		

- ☐ I give permission for my child to take part in the various organisations indicated above at their usual meeting places and participate in all of their activities.
- ☐ 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.

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

Signature :	(Parent / Guardian)	Date:
Print name in full:		