

Trinity Methodist Church and Community Venue

Parental Consent Form

Name of Organisation/Group: **Trinity Zone**

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.

I give permission for my child to attend the organisation named above at the Grove Activity Centre on Saturday 18th April 2009 and to participate in all the activities of the day.

Child's full name:

Date of Birth:

Name by which he/she is usually known:

Address:.....

Phone number where I can be contacted in an emergency: Home:

Work: Mobile:

If unavailable contact: Name:

Phone no (including code):

Relationship to Child:.....

Name and phone number of GP:.....

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

.....

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

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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 trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

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 every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes including the church website (www.trinitylisburn.com) and for this we need your permission. On signing this form we will assume 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:

Name printed in full:.....