

CONSENT FORM

1 form required per child



Event Name *

Event Dates *

Name of Child *

First

Last

Age & Date of Birth *

Home Address *

Contact 1 Name *

Relationship to child *

Tel: *

Contact 2 Name *

Relationship to child *

Tel: *

Has your child any special needs / disabilities / health problems which you feel the activity leaders should know about?

Attendance *

- I consent
 I do not consent

For the child to attend the above named event in Larne Mission Hall during the dates mentioned

Photos *

- I consent
 I do not consent

For the child named above to have photo or video footage taken of during activities. Photos and video may be used for church website, social media and media such as newspapers.

Medical *

- I give permission
 I do not give permission

On my behalf for the young person named above to be given any urgent medical treatment and for first aid to be carried out by a trained First Aider. (you will be consulted prior to any further /non-emergency treatment)

Family Doctor / Surgery *

Tel: *

Address *

Parent / Guardian's name *

Tel: *

Email Address *