

HARRYVILLE PRESBYTERIAN CHURCH – Registered Charity in Northern Ireland (105397)
PARENTAL CONSENT FORM

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. It is essential that you inform leaders of any important changes to the details given on this form during the year.

CHILD'S FULL NAME: _____ D. O. B. _____

ADDRESS: _____

I give permission for my child to attend the following organisation(s), at their usual locations, and to participate in all their activities. I will inform the person in charge of the organisation if any particular activity is unsuitable for my child. (Please draw a circle around each of the relevant groups).

Holiday Bible Club **S M J** (Sunday School) **S M J +** **Youth Fellowship** **Youth Club**
Boys' Brigade: Anchor Boys Junior Section Company **Girls' Brigade:** Explorers Juniors Company

Phone Numbers where I can be contacted in an emergency: -

Home: _____ Work: _____ Mobile: _____

If I am unavailable, please contact: _____

Phone No. (including area code): _____ Relationship to Child/Young Person: _____

Name of Child/Young Person's Doctor: _____ Tele No: _____

Details of any known medical conditions, allergies etc. (e.g. asthma, diabetes, epilepsy) and any medication being taken: *(You may write on the rear of this form if necessary to give fuller details in reply to any question)*

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

Does he/she have: Impaired hearing Yes / No Impaired vision Yes / No Other disability Yes / No

Name of Church attended by Child/Young Person and/or family: _____

Please read the next section carefully. Signing this form gives your consent to all of the following points.

- I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.
- In the event of an 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.
- I understand that while my child attends the organisations indicated circumstances may arise whereby photographs/video may be taken for general church purposes (including internal and external publications), church website, Facebook (SMJ) and local press. I GIVE/DO NOT GIVE *(please delete as appropriate)* permission for my child's image to be taken and used as indicated.
- Where it is deemed necessary to use transport, I give permission for my child to travel in a private vehicle driven by a Church leader and accompanied by another.

I confirm that the above details are correct to the best of my knowledge. I am the legal parent/guardian.

Printed name: _____ Relationship to Child/Young Person: _____

Signature: _____ Date: _____