

# First Holywood Presbyterian Church 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 / young person.

Please circle those attended by your child / young person:

Class in Sept: .....

- |               |               |               |            |                |                    |
|---------------|---------------|---------------|------------|----------------|--------------------|
| Boys' Brigade | Creche        | Connect       | GLEEM      | Girls' Brigade | Holiday Bible Club |
| Pitstop       | Sunday School | Youth Singing | Young Life | Other .....    |                    |

I give permission for my child to attend the organisation(s) above at their usual meeting places and participate in all of their activities.

Child / Young Person'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:	
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 purposes? E.g. PowerPoint display in church service <i>(tick as appropriate)</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you give permission for photographs/video to be taken of your child and posted on the Church Website or Church Facebook Page/Group? <i>(tick as appropriate)</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>The following two questions are only to be completed if your young person is in secondary school</b>	
Do you give permission for your young person to meet up with leaders for contact work (e.g. meeting for coffee). You will be informed when these ad-hoc meetings take place <i>(tick as appropriate)</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you give permission for the leader-in-charge to contact your young person via <i>(tick as appropriate)</i>	
FACEBOOK (13+) <input type="checkbox"/>	WHATSAPP (16+) <input type="checkbox"/>
TEXT <input type="checkbox"/>	EMAIL <input type="checkbox"/>
<b>Young Person's Details</b>	Mobile no.:
	Email:

*In the event of illness or accident, having parental responsibility for the above named child / young person, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.*

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

*I will inform the leaders of any important changes to my child / young person's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.*

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

Signature :

(Parent / Guardian)

Date:

Name Printed in Full:

NB: This form is valid for 12 months from the above date and requires annual renewal.