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. **By completing this form you are giving permission for your child to attend the HOLIDAY BIBLE CLUB 2018 at SYDENHAM METHODIST CHURCH and participate in their activities.**

**Parental Consent Form**

Child’s full name: ........................................................................... DoB: ..........................................

Name by which he/she is usually known: ..............................................

Address: .........................................................................................................................................................................

Phone number where I can be contacted in an emergency:

Home: ......................................................................... Mobile: .......................................................................

If unavailable contact: Name: .......................................................................................

Phone no (including code): ...............................................................

Relationship to Child: .....................................................................

Please indicate medical conditions, special 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:

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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 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.

Photographs and/or video may be taken for general church purposes and for this we need your permission. If you are happy with this, please tick-

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

Signature: ........................................................ (Parent / Guardian) Date: .........................................

Name PRINTED in full: ...................................................................