Please return this form to the Children's Team

CONFIDENTIAL

Knowle Parish Church

PARENT'S/GUARDIAN'S CONSENT FORM

For all children's groups

FULL NAME OF CHILD

DATE OF BIRTH

ADDRESS

POST CODE

TEL: MOB:

EMAIL:

PARENTS NAMES

DOCTOR'S ADDRESS

POST CODE

TEL

SCHOOL ATTENDED

SCHOOL YEAR

NAME DETAILS OF ALTERNATE EMERGENCY CONTACT

I give permission for photos of my son/daughter taken at this event to be used for church purposes (i.e. Parish magazine, church website)

Yes ☐ No ☐ Other ……………………………………………..

Name of Church groups/organisations of which the child is a member:

Where further details are required for the following questions please continue overleaf

Does he/she suffer from any recurrent illness eg glandular fever, asthma, eczema, hay fever or allergies?

No ☐ Yes ☐ If Yes please give details:

Does he/she suffer from any other medical condition which should be brought to our attention?

No ☐ Yes ☐ If Yes please give details

Does he/she require medication?

☐ No ☐ Yes If Yes please supply medicine in a named container with a note.

Does he/she require any special diet or should not eat any particular foods?

No ☐ Yes ☐ If Yes, please give details:

Has he/she had an inoculation against tetanus in the last three years?

No ☐ Yes ☐ If yes, please give date:

I agree to not sending my child to groups if they have been in contact with a contagious illness (e.g. conjunctivitis, chicken pox, sickness and diarrhoea) to protect the leaders and children in their groups. (Delete if desired)

Please circle as appropriate:

- I will collect my child at the end of the group
- My child may leave the session accompanied by a brother or sister
- My child may go home / St John's Hall at the end of the session unaccompanied
- These named adults may also collect my child

  …………………………………………………………………..

  …………………………………………………………………..
- We are a new family at Knowle Parish Church and would like to be contacted to learn more about the church

In the event of illness or accident requiring emergency hospital treatment, **I authorise** the designated leaders on duty, to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable or unnecessary by the doctor or surgeon concerned. (Delete if desired)

Name ………………………………………………………………

SIGNED ………………………………………………………………

DATE ………………………………………………………………

Please return this form to :

Children's Team, Knowle Parish Church, 1717 High Street, Knowle, Solihull. B93 0LN Tel. 01564 772661

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