

## Parental Consent Form

Please note that the information within this form will be used to ensure that the leader(s) can meet your child's specific needs and will not be shared for any other purpose.

<b>Church/Organisation</b>			
<b>Trip/event/journey</b>			
<b>Date</b>		<b>Time</b>	

<b>Child's name</b>		<b>Child's date of birth</b>	
<b>Child's Address</b>			
<b>Parent/carer contact number in an emergency</b>			
<b>Alternative Contact if parent/carer unavailable</b>			
<b>Name and relationship of the alternative contact to the child</b>			

<b>Please indicate any medical conditions, special needs, medication being taken or anything else that would be helpful for the leaders to know about</b>	
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<b>I confirm that the above details are correct to the best of my knowledge.</b>	Yes <input type="checkbox"/>
<b>I consent to my child attending the above event</b>	Yes <input type="checkbox"/>
<b>I consent to my child receiving appropriate medical treatment in the event of an accident</b>	Yes <input type="checkbox"/>

<b>Signature</b>		<b>Parent/Carer</b>	
<b>Name</b> <i>printed in full</i>		<b>Date</b>	