

CONSENT FORM

Date ___/___/___

PARENT / GUARDIAN DETAILS

Last Name _____ Parent / Guardian Name
First name _____
Address _____
Town / City _____
Postcode _____
Contact Number _____
Email _____

CHILDREN'S DETAILS

Child's name: _____ Age _____
DOB ___/___/___ Age group: 1-3 3-5 5-11 Girl Boy
Comments (allergies, medical conditions etc)

Child's name: _____ Age _____
DOB ___/___/___ Age group: 1-3 3-5 5-11 Girl Boy
Comments (allergies, medical conditions etc)

Child's name: _____ Age _____
DOB ___/___/___ Age group: 1-3 3-5 5-11 Girl Boy
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Child's name: _____ Age _____
DOB ___/___/___ Age group: 1-3 3-5 5-11 Girl Boy
Comments (allergies, medical conditions etc)

Declaration:

I give consent for the above named child/children to attend Children's Church activities. I give consent for volunteers to give my child first aid or to be taken to the nearest hospital in the case of an emergency.

Sign _____

Date ___/___/___

I do / do not give my consent for photographs or video of my child to be used by New Life Christian Centre