

ROCKERS YOUTH

Wednesday evening consent form



Family contact details

Child's Full Name.....

D.O.B..... School year (Sep 17 - Jul 18).....

Home address.....

Parent/Guardian's Name and contact number during youth group

Full name of parent/ guardian:

Relationship to child:

Preferred contact number:

E-mail (for letters about youth):

Contact name and number for an alternative adult if not available:.....

Relationship to Child:

About your child

Details of any disabilities, conditions, allergies, special needs or any other conditions that might affect this session:.....

Doctor's details:

Any medication currently being taken: (please state why)

Last Tetanus injection:.....

Dietary needs:

Travel Arrangements

My child will be brought and collected from the group **Yes/No**

S/he will be collected by
unless I make other arrangements, in person, with the group leader.

My child has my permission to travel to and from the group unaccompanied **Yes/No**

Declaration

I give permission for my child to attend the Wednesday evening youth group and take part in arranged activities.

I give permission for my child to appear in photos or video filming used to publicise All Saints' Church Youth Work **Yes/No**

Signed (Parent/Guardian) Date