Parental Consent Form (Revised)



Anything written on this form will be held in confidence.

Name of Congregation: First Newry Sandys Street

administered by a suitably qualified medical practitioner.

The leaders need to know these details in order to meet the specific needs of your child.

Name of Organisation(s) attended: Sandys Street 3 Day Club 10th-12th August 2022

Child's fall as an	D-D
Child's full name:	DoB:
Name by which he/she is usually known:	
Address:	
Name of Parent/Guardian to be contacted:	
Phone number where I can be contacted in an emerg	
Home:	Mobile:
Second contact's Name:	
Relationship to Child:	
Phone no (including code):	
Please indicate medical conditions, additional needs, medication being taken and anything else that would	, allergies or dietary requirements relevant to your child, any d be helpful for the leaders to know about:
Do you give permission for photographs/video to be PowerPoint display in church service (tick as appropriate	taken of your child and used for church purposes? E.g.
YES	NO 🗆
	taken of your child and posted on the Church Website or
YES	NO

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

I confirm that the above details are correct to the best of my knowledge.		
Signature : Guardian)	(Parent /	Date: