



## **General Consent Form**

### **Sunday School at St Mary's, Maiden Newton.**

In the interest of your child, it is important that you should sign this consent form and declare any known medical conditions and any medication that he or she may be receiving.

Name of child:

Date of Birth:

Address:

Any known medical conditions:

Details of any medication being taken:

**If your child requires medication during the activity please ensure it is clearly named and the dose required clearly indicated and it is given to a leader when your child arrives.**

Details of allergies and dietary requirements:

**Your contact phone numbers (include dialing code)**

Home:

Mobile:

Work (if applicable):

Email address:

**Additional contact & contact phone numbers (if the above is not available)**

Name:

Mobile:

Home:

Work (if applicable)

I have read and completed the information above and give my permission for my child to take part in the normal activities of this group.

I also give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in event of an emergency and/or if I am not contactable.

I understand that I must update the leaders of any changes to the information that I have provided on this form.

Separate permission will be required for certain activities and any off-site activities.

Signature of parent/guardian (or adult with parental responsibility):

Printed name:

Date:

I give consent to **photographs** being taken of my child whilst they are participating in the activities in this group.

**Yes /No** (delete as appropriate)

I give consent to my child's photograph being displayed on a notice board in church/being displayed on the church website (Delete as appropriate)

**Yes /No** (delete as appropriate)

I give my permission for this information to be stored on a computer / I do not give my permission for this information to be stored on a computer

**Yes /No** (delete as appropriate)

Signed:

Printed name:

parent/guardian

Date: