



**Second Presbyterian Church Comber**  
**Multi Purpose Parental Consent Form 2016 - 2017**

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child/young adult. **One** form will cover **all** organisations your child/young adult will attend.

**I give permission for my child/young adult to attend the organisations which I have circled below at their usual meeting places and participate in all their activities. Permission is also given for my child's/young adult's photograph to be taken for general church purposes unless otherwise informed.**

Please *circle* all organisations your child/young adult will attend.

- |               |                   |                    |                       |
|---------------|-------------------|--------------------|-----------------------|
| Boys' Brigade | Children's Church | Crèche             | Crossfire             |
| Drama Club    | Girls' Brigade    | Holiday Bible Club | Special Sunday School |
| Sunday School | Table Tennis      | Sunday Teens       | Tots & Co             |
| Youth Club    | Youth Fellowship  |                    |                       |

Child's/young adult's full name: \_\_\_\_\_ DoB: \_\_\_\_\_

Name by which s/he is usually known: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_

His/her Mobile no: \_\_\_\_\_ His/her email address: \_\_\_\_\_

Phone number where parent can be contacted in an emergency: **Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

If unavailable, contact - Name: \_\_\_\_\_

Phone no (including code): \_\_\_\_\_

Relationship to child/young adult: \_\_\_\_\_

Name and phone number of GP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

\_\_\_\_\_

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

\_\_\_\_\_

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

In the event of illness or accident, having parental responsibility for the above named child/young adult, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child/young adult should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Name printed in full: \_\_\_\_\_