

CONFIDENTIAL - Membership and Consent Form

Child's Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____

With whom does your child live: _____
 Relationship to child: _____
 Telephone Numbers: _____

Emergency Contact Name: _____
 Emergency Telephone Numbers: _____

Medical Details:

Does your child have any medical, psychological or emotional problems, learning or other disability, or any special educational needs that may affect normal activity? If yes, please give details below, including details of any prescribed medication required to be self administered during the Sunday School. Yes/No*

Date of last ante-tetanus injection (if known): ____ / ____ / ____

I give permission for my child (named above) to take part in the normal activities of Sunday School. I understand that while involved, he/she will be under the control and care of the group leader and/or other adults approved and CRB checked by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

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

In an emergency, and/or if I am not contactable, I am willing for my child to receive necessary dental, medical or surgical treatment including anaesthetic or blood transfusion, at the recommendation of a medical professional. Yes/No*

* Please delete as applicable

Signed: _____ Date: ____ / ____ / ____

NB: Only those with legal parental responsibility (this does not include foster carer) can sign this form.
Your child cannot attend Sunday School without a completed consent form.