

# FERNIELEA GOSPEL HALL

## PARENTAL / GUARDIAN CONSENT FORM



Group Name	
Group Meeting details	

### 1. Personal Details

Full name of Child		
Date of Birth		
Address		
Postal Code		
Telephone Number(s)		
Details of any regular medication, medical problem, disability or dietary requirements		

**If you do not have parental responsibility** (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Names		
Address		
Postal Code		
Telephone Number(s)		
Email address:		

### 2. Consent



a) I give permission for the above named child to take part in the normal activities of this group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the 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.



b) Please mark a cross in this box **if you do NOT wish** your child to receive necessary hospital or dental treatment including an anaesthetic in the event of an emergency and if you are not contactable.



c) Please mark a cross in this box **if you do NOT wish** your child to be included in any photographs and / or videos which may be taken from time to time during games/activities or any group photographs. Photographs and videos will only be used as detailed in the Child Protection Policy.



d) Please mark a cross in this box **if you ARE WILLING** for your child to leave the hall without an adult (over 18 years of age) collecting them.



The information supplied on this form will be stored securely. It will be accessible only to those involved in organising children's activities at Fernielea Gospel Hall, and used only for purposes related to these activities. It will not be disclosed to any other organisation. You have the right to make a written request to see the information held about your child. Your email address will be used to connect with you using the ClassDojo application.

e) I confirm that I have read and understood the information in the above paragraph.

Signed		Date	
Print name			
Address			
Postal Code:		Telephone:	
Email address			