

LFT Parental Consent Form

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.

I give permission for my child to attend Sunday school and participate in all their activities.

Child's full name:

DoB: Name by which he/she is usually

known:

Address:

..... Phone number where I can be contacted in an emergency:

Home:

Work:

Mobile:

If unavailable contact:

Name: Phone no

(including code):

Relationship to

Child:

Name and phone number of

GP: 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 :

..... Other persons authorised to collect the

child: 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.

In the event of illness or accident, having parental responsibility for the above named child,

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 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.

During the time your child will spend with us, photographs may be taken for general church

purposes and for this we need your permission. On signing this form we will assume you

have given permission for your child's photograph to be taken unless otherwise informed.

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

Signature: (Parent/Guardian)

Date: Name printed in

full:

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