

General Parental Consent and Information Form

Braehill Baptist Church is fully committed to safe-guarding the well-being of children/young people who attend any activity within the church. To enable us to do this effectively there is some information that we need to know about your child/young person. We would be grateful if you would take a few minutes to complete the details below and return the form on the commencement of the event to the activity leader.

This event is for Primary School ages P1 to P7

Please complete this form fully using BLOCK CAPITALS:

Name of child/young person	>>>>>	
Age and date of birth	>>>>>	
Home address	>>>>>	
Home telephone number	>>>>>	
Alternative emergency contact number		
Names of person/s who will normally collect your child/young person		
Has your child/young person any special needs or disabilities which you feel the activity leader should know about?		
Has your child/young person any health problems which you feel the activity leader should know about?		

Please delete as appropriate:

- * I do/do not give permission for my child/young person to attend the activity.
- * I authorize /do not authorize the leader in charge to give on my behalf consent for any urgent medical treatment
- * I do/do not give permission for this information to be used to invite my child/young person to other events organized by Braehill Baptist Church
- * I do/do not give consent for photographs/video to be taken of my child to be used in presentations within Braehill Baptist Church.

Signature: _____ Date _____

Relationship to child/young person: _____