



Parental Consent Form

Children's Hour

Please complete this form using BLOCK CAPITALS. Thank you.

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.

Child's Name: D.O.B:

Home Address:

..... Postcode:

Phone numbers (including code) where I can be contacted in an emergency:

Home: Mobile:

If unavailable contact: Name:

Phone:

Relationship to Child:

Has your child any medical condition that you feel we should be aware of (e.g. asthma, epilepsy, diabetes, allergies)? If so, please give details below:

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.....

I give permission for my child to attend the Lifeboat Fellowship Children's Hour and to participate in all its activities.

I give / do not give* permission for my child to travel in transport that has been organised by the Lifeboat Fellowship.

I give / do not give* permission for photographs to be taken of my child at special events organised by the Lifeboat Fellowship.

I also authorise the leader-in-charge to give, on my behalf if I cannot be contacted, consent for any **urgent** medical attention. However, I understand that every effort will be made to contact me as soon as possible.

Signature: (Parent/Guardian)

Name Printed: Date:

*delete as appropriate