

**Child Consent Form
(Aged 0-18)**



Please tick the group or activity attended by the child:

Little Lights	<input type="checkbox"/>	Creche (Sundays) (Pre-school age)	<input type="checkbox"/>	Blue Crew (Sundays) (school years 1-6)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

CONTACT DETAILS & INFORMATION

Name of parent(s)/carer(s)			
School (if applicable)			
Address	Home phone		
	Mobile phone (parent/guardian)		
	Other emergency contact number		
preferred E-mail contact			

NAME OF CHILDREN & MEDICAL INFORMATION (Please provide details of any medical condition, disability, allergies, dietary requirements or other requirements).

Names of children:	Date of birth:	Medical information:

CONSENT

Do you consent to photos being taken of your child for local display or publicity?	Yes	No
Do you consent to un-named photos being used on the church website?	Yes	No
Would you like more information about Union Church and/or its activities?	Yes	No
In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.	Yes	No
My child (aged 11-18) may receive information via electronic means (phone, email, etc)?	Yes	No

Parent/Guardian/Carer to sign:

Date