CB: Kids Sunday 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.

Child's full name: _____ Date of birth: _____

School Year Group: _____

Address: _____

_____

Postcode: _____

CB: Kids Sunday Groups:

Tinies = Nursery – P2

Juniors = P3 – P6

Connect = P7 – Year 9

Rockstars = SEN

Emergency Contact details:

Parent/Guardian Name: _____

Mobile Number: _____ Email address: _____

Please indicate any medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about.

_____

_____

I confirm the above details are correct and give permission for my child to attend CB: Kids Sunday and participate in all activities.

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. In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the mobile number given.

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 contact information given above.

During the time your child will spend with us, photographs may be taken for general church purposes (Publicity and Church website) and for this, we need your permission.

I give permission for my child's photograph to be taken and used for publicity purposes.

Signature (Parent/Guardian): _____

Date: _____