



SUNDAY SCHOOL CONSENT FORM 2024 / 2025

Participant's Full Name : _____

Date of Birth : _____

Sept 2024 School Year : _____

Parent / Guardian Full Name : _____

Address : _____

Emergency Contact Number : _____

GP's Name and Telephone Number : _____

Any Known Allergies / _____

Medical Conditions / Medications : _____

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Photographs may be taken for publicity purposes (in print and online). I permit my child's photograph to be taken and published via official Parish media : Yes No

(If required)

I give permission for the above named child to be assisted for toileting purposes, in compliance with the Safeguarding Trust policy : Yes

Parent / Guardian Signature : _____

Date : _____