



## SUNDAY SCHOOL CONSENT FORM 2023 / 2024

Participant's Full Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Sept 2023 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

*(Junior Sunday School Children Only)*

I give permission for the above named child to be assisted for toileting purposes, in compliance with the Safeguarding Trust policy : Yes  No

Parent / Guardian Signature : \_\_\_\_\_

Date : \_\_\_\_\_