

**St Mark's Church, Armagh
Consent Form to attend yF3
in The Crozier Hall**

Leader in Charge : Rev'd Malcolm Kingston

Participant's full name _____

Date of Birth : _____

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. Should you wish that your child's photograph not be taken, please tick here :

Parent / Guardian Signature : _____

Date : _____