

# Consent form

(Please use a separate form for each child)

## The G.O.D. Adventure



at \_\_\_\_\_

Child's full name \_\_\_\_\_

Sex: M / F

Date of birth \_\_\_\_\_

Full address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact name \_\_\_\_\_

Telephone \_\_\_\_\_

GP's name \_\_\_\_\_ Telephone \_\_\_\_\_

Any known allergies or conditions \_\_\_\_\_  
\_\_\_\_\_

I confirm that the above details are complete and correct to the best of my knowledge

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if 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.

Signed (Parent/ Guardian) \_\_\_\_\_

I give permission for photographs of my child to be taken by anybody directly involved with this holiday club for the purposes of creating a record of the week, and for these photographs to be used on the church website as examples of the church's work. I understand that my child's name will not appear in connection with any photograph placed on the internet, and that all photographs will be available to be seen by all those involved with the club including the children and their parents or guardians.

Signed (Parent/ Guardian) \_\_\_\_\_ Date \_\_\_\_\_