

# **Sunday School Consent Form**

*To the Parent(s) / Guardian(s):*

This form provides medical and contact information for your child. It will help those leading activities to provide a safe environment for your child. While some of the information we are asking for may be seem excessive, we are aiming to cover any possible circumstance that might arise. The form must be reviewed and signed each year, to ensure it is up to date.

Should there be an emergency, every effort would be made to contact you first. Failing this, necessary hospital / dental treatment, including anaesthetic, can only be given if this has been authorized by your signing the relevant part of this consent form.

*Full Name of Child:*

*Date of Birth:*

*Child's Address:*

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.), illness or disability which may affect normal activity:

*Name(s) of parent(s) / guardian(s):*  
*(State which relationship)*

*Phone Number(s):*

I, being the person signing the Statement of Consent overleaf, will ensure that the child will be accompanied in church by an adult who will take responsibility for my child.

*Please tick:*      YES      NO

If NO, the following two persons can be contacted in an emergency:

*First Person's Name:*

*Relationship:*

*Phone Number:*

*Second Person's Name:*

*Relationship:*

*Phone Number:*

*Name of Child's Doctor:*

## **Statement of Consent**

I give permission for

*Full name of child:*

to take part in the normal activities of this group.

I understand that separate permission will be sought for activities away from the normal place, or beyond the normal times, of the group.

I understand that while involved in the group, the child will be under the control and care of the group leader and / or other adults approved by the church leadership; and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child during, or as a result of, the activity.

In an emergency and / or if I am not contactable, I am willing for the child to receive necessary hospital or dental treatment, including an anaesthetic.

*Please tick:*      YES      NO

*Name:*

*Relationship to child:*

*Address:  
(if different from the child's)*

*Signed:*

Signed on:

*Signed:*

Reviewed on:

*Signed:*

Reviewed on:

*Signed:*

Reviewed on:

*Signed:*

Reviewed on:

*Signed:*

Reviewed on:

*Signed:*

Reviewed on: