



# PARENTAL CONSENT FORM

## ANNUAL 2009/10

PLEASE COMPLETE AND RETURN THIS FORM TO THE REACH AS SOON AS POSSIBLE

### SECTION A

**Group:** The Reach, Bethany Free Presbyterian Church, Portadown

**Contact person:** Mr Philip Hartin

**Age Group permitted:** Year 8 and over

**Day Group meets:** Saturday

**Supervision provided between:** 7.30pm and 10.00pm

### SECTION B (To be completed by adult with legal parental responsibility for the named child)

**Name of child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** (in event of emergency) \_\_\_\_\_

### CONSENT - ACTIVITIES

I grant permission for my child (named above) to attend and take part in the various sporting and religious activities organised by the Reach, and abide by the rules thereof.

**Signed:** \_\_\_\_\_

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

### CONSENT - TRANSPORT

On an occasion where transport is required I give my consent for my child to travel in a private car or bus driven by Reach leaders or qualified bus drivers.

**Signed:** \_\_\_\_\_

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

### CONSENT - PHOTOGRAPHS

Please sign below if you grant permission for your child's photograph to be taken at Reach activities. These photographs may be used for general publicity purposes within the church and district.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### MEDICAL DETAILS

In order to provide the best possible care for your child we need to be aware of any medical conditions, allergies, or special needs relative to them. (e.g asthma, peanut allergy etc.)

**Please indicate:** \_\_\_\_\_

Please provide details of someone contactable in case of emergency, other than the details given above.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_