

KIDS



CONSENT

PARENT / GUARDIAN

NAME _____

ADDRESS & POSTCODE _____

CONTACT NUMBER _____

EMAIL _____

CHILD

NAME _____

AGE _____ **DOB** _____ **GENDER** _____

COMMENTS: (Allergies, medical conditions, etc) _____

CHILD

NAME _____

AGE _____ **DOB** _____ **GENDER** _____

COMMENTS: (Allergies, medical conditions, etc) _____

DECLARATION

- I **GIVE** consent for the above named child(ren) to attend kids church
- I **WOULD LIKE** to receive information about future events
- I **GIVE** consent for photos or videos of my child to be used by proclaimers

SIGNED: _____ **DATE:** ____/____/____

I understand that my child will receive medication as instructed. I also understand that if my child becomes ill, they every effort will be made to inform me. If I am not contactable then my child will be given medical or dental treatment as considered necessary further to any medical advice being sought.