Parental Consent Form Wondrous '18

PLEASE PRINT CLEARLY

Full name of child 1:	_ D.O.B.:	/	/	-
Child 1 - Details of any regular medication, medical p dietary needs, etc.) or disability which may affect no		asthma,	epilepsy,	diabetes, allergies,
Full name of child 2:	D.O.B.:	/	/	-
Child 2 - Details of any regular medication, medical p dietary needs, etc.) or disability which may affect no		asthma,	epilepsy,	diabetes, allergies,
Full name of child 3:	D.O.B.:	/	/	
Child 3 - Details of any regular medication, medical p dietary needs, etc.) or disability which may affect no		asthma,	epilepsy,	diabetes, allergies,
Name of person with parental responsibility)		Tel no:		
Additional contact: Name 7	ſel no:			
PLEASE ANSWER THE THREE QUESTIONS BELOW BY	CIRCLING &	SIGN BI	ELOW:	
1. I give my child/children permission to take part and agree to abide by the applicable age groups. the control and care of the group leader and/or o that, while the staff in charge of the group will tal necessarily be held responsible for any loss, damage the activity.	l understand ther adults a ke all reason	that while pproved able care	e involved by the C e of the	d he/she will be under hurch leadership and children, they cannot
ine activity.		YES/NO		
2. In an emergency and/or if I am not contactable	le, I am willir	ng for my	∕ child/cl	nildren to receive first
aid/doctor/hospital or dental treatment.			YE	S/NO
3. I give permission for images to be used which inc in your printed publications, in a video or power-point a leader who has been recruited under the guideline Duty to Care'.)	nt production	(Please r	note these	e will only be taken by
Dory to Cale .j			YE	S/NO
Signed: Print Name: (Parent/or adult with parental responsibility)	Date:	:		_
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