Parental Consent Form Wondrous '22

PLEASE PRINT CLEARLY

Full name of child 1:	D.O.B.:	/	_/	
Child 1 - Details of any regular medication, medi dietary needs, etc.) or disability which may affec		asthma, e	oilepsy, a	diabetes, allergies,
Full name of child 2:	D.O.B.:	/	_/	
Child 2 - Details of any regular medication, med dietary needs, etc.) or disability which may affec		asthma, e	oilepsy, (diabetes, allergies,
Full name of child 3:	D.O.B.:	/	 /	
Child 3 - Details of any regular medication, med dietary needs, etc.) or disability which may affec		asthma, e _l	oilepsy, d	diabetes, allergies,
Name of person with parental responsibility)		Tel no: _		
Additional contact: Name	Tel no:			
PLEASE ANSWER THE THREE QUESTIONS BELOW	N BY CIRCLING &	SIGN BEL	<u> </u>	
1. I give my child/children permission to take p and agree to abide by the applicable age grow the control and care of the group leader and/or while the staff in charge of the group will take all be held responsible for any loss, damage or inju-	ups. I understand t other adults appro Il reasonable care	hat while i oved by the of the chil	nvolved e Church dren, the	he/she will be under headership and that, ey cannot necessarily
			YES	5/NO
2. In an emergency and/or if I am not contac aid/doctor/hospital or dental treatment.	ctable, I am willin	g for my	child/ch	ildren to receive first
			YES	S/NO
3. I give permission for images to be used which your printed publications, in a video or power-p leader who has been recruited under the guide Duty to Care'.)	oint production (Pl	ease note	these w	ill only be taken by a
			YES	S/NO
Signed: Print Name: (Parent/or adult with parental responsibility)	Date:			-
Due to the introduction of GDPR any details on t 2022 and will be properly disposed of thereafter.		y used for	the purp	ose of Wondrous