## Parental Consent Form Wondrous '23

## **PLEASE PRINT CLEARLY**

Full name of child 1:	D.O.B.:	/	/	
Child 1 - Details of any regular medication, mec dietary needs, etc.) or disability which may affe		asthma, e	epilepsy, c	diabetes, allergies,
Full name of child 2:	D.O.B.:	/	/	
Child 2 - Details of any regular medication, mec dietary needs, etc.) or disability which may affe		asthma, e	epilepsy, c	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 affe		asthma, e	epilepsy, c	diabetes, allergies,
Name of person with parental responsibility)		Tel no:		
Additional contact: Name	Tel no:			
PLEASE ANSWER THE THREE QUESTIONS BELOV	W BY CIRCLING &	SIGN BE	<u>.0W:</u>	
1. I give my child/children permission to take and agree to abide by the applicable age gra the control and care of the group leader and/or while the staff in charge of the group will take a be held responsible for any loss, damage or inju	oups. I understand other adults appro Ill reasonable care	that while oved by th of the ch	involved e Church ildren, the	he/she will be under leadership and that, ey cannot necessarily
			YES	5/NO
2. In an emergency and/or if I am not conta aid/doctor/hospital or dental treatment.	ctable, I am willin	ng for my	child/chi	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 guid Duty to Care'.)	oint production (P	lease note	e 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 2023 and will be properly disposed of thereafter		ly used for	the purp	ose of Wondrous