

BEARWOOD CHAPEL TRUST
PARENTAL CONSENT FORM

I give my permission for _____
To be involved in the activities organised by Bearwood Chapel.

I understand that all activities will be supervised by adults' aged 18 and over and that they will ensure that my child is properly looked after at all times.

I give my permission for those responsible to act on my behalf as a parent e.g. in a medical emergency. (This will only be used if the leaders cannot contact me.)

From time to time we will be photographing and videoing activities during the club which the children take part in. Do we have your consent to use the photographs/videos, without identifying the children concerned in chapel publicity for the club? Yes/No - Please delete as appropriate.

Form time to time we need to contact the young people about events. Do we have your permission to contact your child by either email or text? This would be done only in connection with recognised chapel events.

_____ Date _____

PARENT'S/ name (capitals)	_____
GUARDIAN'S Address	_____ _____ _____
Email	_____
Telephone	_____
Mobile	_____

OTHER CONTACT'S name	_____
Telephone	_____

CHILD'S Date of Birth	_____
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DOCTOR'S Name	_____
Address	_____ _____
Telephone	_____

Any medical condition the Children and youth workers' need to be aware about.

PARENT/ GUARDIAN'S signature _____	Date _____
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