

parent/
guardian

parent / guardian name:

address:

postcode

contact number

email:

child

child's name:

age: D.O.B. / / boy girl

comments (allergies, medical conditions etc):

child

child's name:

age: D.O.B. / / boy girl

comments (allergies, medical conditions etc):

Declaration

I give consent for the above named child/children to attend Kids Church.

I would not like to receive information about future events

I **do not** give my consent for photographs or video of my child to be used by ALC or Kid's Church

signed: date: / /

I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then 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.