**FIRST PRESBYTERIAN CHURCH, COLERAINE**

**Child Multi-Purpose Parental Consent Form**

Anything written on this form will be held in confidence. The leaders need to know these details to meet the specific needs of your child.

**Consent form:**

I give permission for my child/children to attend First Coleraine Presbyterian Church children’s programmes

I give permission for leader in charge to send information about upcoming events. Please circle

Yes No

Childs full name: ................................................................................................................

DoB: ..................................

Name by which he/she is usually known: .................................................................................................................................

Address: ................................................................................................................................................................

Phone number where I can be contacted in an emergency: Home: .............................................................

Work: .....................................................................................

Mobile: ...........................................................................................

If unavailable contact: Name: ..................................................................................................................................

 Phone no (including code): ................................................................................................................................................

Relationship to Child: .....................................................................................................................................................

Name and phone number of GP: ...................................................................................................................................................

Dietary needs

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Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication

being taken: …..........................................................................................................................................................................................

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

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I will not bring my child to event if he/she has any symptoms of COVID 19 or has a positive test

I will inform the leaders of any significant changes to my child’s health, medication or needs and of any changes to our address or to any of the phone numbers given above.

In the event of illness or accident, having parental responsibility for the above-named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes (church website, 1st Coleraine Youth Facebook page – individual names of young people will not be mentioned) and for this we need your permission. On signing this form, we will assume you have given permission for your child’s photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge.

Signature: ................................................................................................ (Parent/Guardian) Date: ........................................

Name printed in full: ..........................................................................................................................................................................