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**Family Consent Form**

Anything written on this form will be held in confidence.

The leaders need to know these details in order to meet the specific needs of your child.

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| Name of Organisation(s) attended: **ADVENTURERS/CRÈCHE** |

*I give permission for my child to attend the organisation(s) above at their usual meeting places and participate in all of their activities.*

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| Child No. 1 - Full Name: DoB: | |
| Child No.2 - Full Name: DoB: | |
| Child No. 3 - Full Name: DoB: | |
| Child No. 4 - Full Name: DoB: | |
| Address: | |
| Name of Parent/Guardian to be contacted: | |
| Phone number where Parent/Guardian can be contacted in an emergency: | |
| Home: | Mobile: |
| Second contact Name in an emergency: Relationship to Child:  Home: Mobile: | |
| Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:  Child No.1  Child No. 2  Child No. 3  Child No. 4 | |
| Do you give permission for photographs/video to be taken of your child and used for church purposes? E.g. PowerPoint display in church service *(tick as appropriate)*  YES NO  Do you give permission for photographs/video to be taken of your child and posted on the Church Website or Church Facebook Page/Group? *(tick as appropriate)*  YES NO  If applicable, do you give permission for nappy changing and general toileting to be carried out by creche leaders for your child?  YES NO | |
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*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 first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.*

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

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

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| **I confirm that the above details are correct to the best of my knowledge.** | |
| Signature : (Parent / Guardian) | Date: |

First Coleraine Presbyterian Church strictly follow the Child Protection guidance given by The Presbyterian Church in Ireland.

First Coleraine Designated Person for Child Protection Mrs Shirley McPhillimy Mobile: 07706661244

Children’s Ministry Coordinator Mrs Karlene Hamill Mobile: 07716442205

Crèche Co-Ordinator Mrs Lynne Caskey Mobile: 07955358290