



St. Andrew's, Alresford

St. Mary Magdalen, Thorrington

Rector: Rev Pauline Scott

## St. Andrew's and St. Mary Magdalen children & young people's activities Consent Form 2011/12

### *Details of child*

Full name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Are there any medical or dietary concerns that we should know about your child?      Yes / No

If yes, please give any relevant details: \_\_\_\_\_

### *Details of parent/carer*

Name of parent/carer: \_\_\_\_\_

Home telephone number: \_\_\_\_\_      Mobile number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate emergency contact: Name: \_\_\_\_\_      Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Consent for activities and medical treatment:** I give my permission for the child named above to take part in the activities of St. Andrew's Church and St. Mary Magdalen Church children & young people's clubs, groups or events. In the unlikely event of illness or accident, I give my permission for medical treatment to be administered where considered necessary by the nominated first aider, or by suitable qualified medical professionals. Should the child require emergency treatment, I authorise a leader to sign, on my behalf, any written form of consent required by the medical authorities. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/carer: \_\_\_\_\_      Date: \_\_\_\_\_

**Consent for photographs/publicity:** There may be photographs of the activities placed in local publications, inside the church or on the church website (alresfordchurch.net and thorringtonchurch.net). I give my permission for photographs to be taken of the above named child for this purpose. Please note that names of children will not be used in conjunction with any photograph.

Signature of parent/carer: \_\_\_\_\_      Date: \_\_\_\_\_

*Please note consent forms will be renewed at the start of the school autumn term each year. This is so that St. Andrew's church and St. Mary Magdalen Church can be sure that the information we have is as accurate as possible. If you or the child named above have any change of circumstance during the year (whether medical, moving house, changing phone number etc.) please contact Rev Pauline Scott.*