**::12.02 Consent Form for Special Outings**  

Anything written on this form will be held in confidence.

|  |  |
| --- | --- |
| Name of Congregation: | |
| Name of Organisation: | |
| Details of outing/activity/residential: | |
| Date: | Time: |
| Method of Transport: | |
| Cost (if any): | |
| Collection Arrangements: | |
| *I note the arrangements and give permission for my child to take part in this outing/activity/residential.* | |
| Print Child’s Name: | |
| 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: | |
|  | |
| 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 | |

*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.*

|  |  |
| --- | --- |
| Signed : | Relationship to Child: |
| Print name: | |
| **Contact Telephone Numbers** | |
| Home : | Mobile: |