



Consent Form for St Peter's Children's Activities

Family contact details:

Full name of child

Date of birth (dd/mm/yyyy):

Full name of parent / guardian:.....

Relationship to child:

Home address (including post code):

.....

Home tel no:

Parent/Guardian mobile:

Parent/Guardian email:

Family doctor:Tel no:

School:

School year:

About your child:

Does your child have any food allergies? (please specify)

.....

Does your child have any medical conditions? (please specify)

.....

Is s/he on any medication? (please specify)

.....

Does s/he have any special needs? (please specify)

.....
Is there anything else you would like us to know about your child?
.....

Emergency contact details for parents/guardians:

Contact tel. no. during group or activity time

Contact name for an alternative adult in case of emergencies:

Tel no:Relationship to child

Declaration

- 1) I fully understand that St Peter's Children's Work will offer a variety of activities for children in and around St Peter's Church including occasional offsite visits, outings or trips which I consent to my son/daughter/ward participating in.
- 2) I agree to my son/daughter/ward participating in these activities under adult supervision.
- 3) I give my permission for any emergency dental or medical treatment, which may be necessary as a result of accident or sudden illness.
- 4) I understand that the leaders or Church cannot necessarily be held liable for any loss damage or injury suffered by my child during or as a result of St Peter's Children's Work activities
- 5) I understand that occasional photographs may be taken of St Peter's Children's Work members including my child for internal publicity purposes.
- 6) Some activities may involve food. I consent to my child taking part in the preparation and consumption of food. I understand that the leaders will take reasonable food safety and hygiene precautions during these activities.

I give permission forto attend

St Peter's Children's groups and take part in the specified activities.

Signed (parent/guardian)

Date:

Please return this form to St. Peter's Church Parish Office, Chaddisbrook House, Reading Road, Yateley, GU46 7LR.