

Youth Group Consent Form

Full name of child.....

Date of birth and age.....

Address.....

.....

Email Address

Emergency contact - please provide two 2 emergency contacts

Name, number, relationship to child -

.....

Name, number and relationship to child -

.....

Does have permission to walk home alone during the summer months? (April - October - 13 years and above only)

No

Yes

Any health information or specific needs we need to know about (e.g. allergies, medication etc)

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In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated First Aider. Should my child require emergency hospital treatment, I authorize an adult leader to sign on my behalf any written form of consent required until I can be contacted.

Signature..... (Parent/Guardian)

Print name.....

Date