



# CONSENT FORM FOR TRIPS AND EVENTS

Event/Trip:
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Date:
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Child's Name:		DOB:
Child's Name:		DOB:
Child's Name:		DOB:
Child's Name:		DOB:

Address:	Telephone:
	Mobile:
	Email:

Emergency Contact Name and Number:

Name:	Number:
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I give my permission that photos can be taken of my child for Church use only: <b>YES / NO</b>
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Please provide us with any other information we should know about your child to take the best possible care of them (e.g. any medical information etc)

I give my permission for my child to take part in the normal activities at the event/Trip: <b>YES / NO</b>
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Signed Parent/guardian:	Date: