

PARENT /
GUARDIAN

Parent / Guardian Name:

Address:

Postcode:

Contact Number:

Email:

CHILD

Child's Name:

Age:

DOB:

Boy

Girl

Comments:(Allergies, medical conditions etc):

CHILD

Child's Name:

Age:

DOB:

Boy

Girl

Comments:(Allergies, medical conditions etc):

Declaration:

I GIVE consent for the above named child(ren) to attend kids church:

I WOULD LIKE to receive information about future events:

I GIVE consent for photos or videos of my child to be used by Proclaimers:

Signed:

Date:

I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then every effort will be made to inform me. If I am not contactable then my child will be given medical or dental treatment as considered necessary further to any medical advice being sought.

