

Movilla Presbyterian Church Holiday Bible Club
PARENTAL CONSENT FORM

Name: _____

Address: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____

Relationship to child: _____ Tel No: _____

Email address: _____ Mobile No: _____

Second Emergency Contact: _____

Relationship to child: _____ Tel No: _____

Please give details of any medical conditions and allergies and any medication to be taken: _____

Please give details of any special needs, requirements or directions that would be helpful for leaders to know: _____

Doctor's Name: _____ Doctor's Tel No: _____

Doctor's Address: _____

Church attended: _____

I give permission for the child named above to take part in activities in Movilla Presbyterian Church and my consent for medical treatment, first aid for illness and accident. Please make sure any medication provided is clearly labelled and taken home at the end of each morning. I consent to my child being in group photographs.

Signed: _____ (Parent/Guardian) Date: _____

We will hold the information you have provided securely and process it only for legitimate business purposes. We will not share it.