

PRESBYTERIAN CHURCH IN IRELAND
MAZE PRESBYTERIAN CHURCH PARENTAL CONSENT FORM

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

Sunday Club meets each Sunday morning from 10.15 – 11.10am. For preschool to P7 we will initially meet in the main sanctuary at 10.15am and move into our individual classes in the main hall (preschool and P1 in the kitchen and lounge) approximately 20 minutes later. Junior and Senior Bible Class will meet with their teachers at 10.15am, Junior Bible Class in the Bell Room and Senior Bible Class in the Youth Room. Any sweets given out during class will be Haribo, also suitable for children with nut allergies.

Sunday Club finishes at 11.10am and preschool to P7 parents must collect their children from their teacher at the outside door of the church hall, in accordance with Child Protection guidelines. The young people in Bible Class will remain with their teacher until 11.15am and once they leave the building, the responsibility for their supervision via Sunday Club ends.

Childs full name: **DoB:** **Age:**

Address:

Email address of parent/guardian:.....

Phone number where I can be contacted in an emergency:

Home: Mobile

If unavailable contact – Name: Ph number:

Relationship to child:

Name and phone number of GP :

Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:

In the event of illness or accident, having parental responsibility for the above child, I **give permission for first aid to be administered** where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders **will endeavour to contact** you as soon as possible using the contact telephone numbers given above.

I **will inform the leaders of any important changes** to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

During the time your child will spend with us, **photographs/videos** may be taken for general church purposes and use on the churches website, and for this we need your permission. On signing this form we will assume that you have given permission for your child's photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge. I give permission for my child to attend the organisation above at their usual meeting place or online and participate in all their activities.

Signature: **(Parent/Guardian)** **Date:**