

CRINKEN KIDS 2019/2020 CONSENT FORM



FAMILY NAME: _____

Child's Name: _____	Child's Name: _____	Child's Name: _____
Current Class: _____	Current Class: _____	Current Class: _____
School: _____	School: _____	School: _____
Child's DOB: _____	Child's DOB: _____	Child's DOB: _____
Other Info (medical or special needs): _____ _____ _____	Other Info (medical or special needs): _____ _____ _____	Other Info (medical or special needs): _____ _____ _____

Parents/Guardians Full Names: _____

Address: _____

Parent /Guardians Mobile #: _____ (please state if Mum or Dad)

Parent /Guardians Home Ph # or other parent's #:: _____

Parent /Guardians Email: _____

Consent: (*Consent indicated by ticked boxes*):

I give consent for my child(ren) to attend **Crinken Kids** activities run by **Crinken Church** in 2019/.

I give consent for Photographs and videos to be taken+used. (For promotional use only. Identifying names will never be used.)

In the case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby authorise the Crinken Church Children's Coordinator to seek emergency medical treatment for my child in the event that such treatment is deemed necessary and to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger my child's health.

I give you permission to hold my personal records and keep securely. This information will solely be used for contact purposes and our database will be updated regularly. Should you wish to withdraw your consent at any time, please contact us.

Signed: Parent's Signature _____ Date _____

Crinken Church is fully compliant with the Church of Ireland's Safeguarding Trust Policy for the protection of children under 18 in our care. All our Child Protection Policies are available on www.crinken.ie.

