



ANNUAL CONSENT AND MEDICAL FORM

Please fill this form in and return to Cheryl Dwyer through the Rock.
Thank you

2010-11

If your child's information has not changed since last year please simply fill in their name and sign and date the bottom of this form.

Child's Information

Full name _____

Full Address _____

Post Code _____ Date of Birth _____

Home Phone _____ School & School Year _____

Young Persons mobile & email (by providing these you are consenting to the Youth and Children's Dept contacting them)

Parents Information

Parents/Guardian Name(s) _____

Parents/Guardian Mobiles 1. _____ 2. _____

Parents/Guardian e mail _____

Can we contact you?

We send out regular emails about all that is going on in our Youth and Children's work including special events. Would you like to receive these emails? Yes / No

Medical & Special Information

Doctor's Name _____ Phone Number _____

Please list any special issues of which the leaders should be aware. Please include any medical details such as allergies and any learning or practical issues. Continue on back if required.

Parental / Guardian Consent

I give my permission for the above named young person to attend and take part in any events organised by the Rock during the period September 2010 to August 2011 with the exception of _____

I authorise the Rock leaders

- a) To administer prescribed and non-prescribed medication in an emergency if parents can not be contacted
- b) to sign on my behalf any written form of consent if required by medical authorities, on the understanding that all effort has been made to contact me.
- c) To take and publish photographs and films of the above during Rock activities for use within the church only.
- d) To permit leaders with two years full licence and comprehensive insurance to transport your child.

I understand that if my child grossly misbehaves during the Rock activities, then the leaders may forbid them from further participation and require me to collect them at my own expense. I agree to pay for any deliberate damage to property caused by my child.

Signed : Parent / Guardian _____ Date _____