

# REVELATION PARENTAL CONSENT FORM

Revelation will be held on Friday evenings 7.30 – 9 pm at Harlow Baptist Church Hall, Old Harlow or other special arranged venues

<b>NAME OF YOUNG PERSON:</b>		<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>		
		<b>POST CODE:</b>
<b>TELEPHONE NO. DAY:</b>		<b>EVENING:</b>
<b>DOCTOR'S NAME:</b>		<b>NHS NO. (if known):</b>
<b>ADDRESS:</b>		
		<b>POST CODE:</b>
<b>TELEPHONE NUMBER</b>		

Does your child suffer from any recurrent illness, e.g. asthma, diabetes? If yes, please state with details of medication being taken. (Please label medicine clearly and hand to the leader in charge of first aid).

YES/NO: \_\_\_\_\_

Does he/she require any special diet or have any known allergies? If yes please give details.

YES/NO: \_\_\_\_\_

I agree to \_\_\_\_\_ taking part in 'revelation'. I understand he/she will be in the care of the group leaders and other adults approved by the 'revelation' leadership and that while the leaders will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury arising during or as a result of this event.

In event of illness or accident requiring hospital treatment, I authorise the leaders to sign on my behalf any written form of consent required by the hospital if the delay required to obtain my signature is considered inadvisable or unnecessary by the doctor concerned.

Parent / Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Photo policy

I understand photos may be taken for promotional purposes. Please tick if you are happy for your son/daughter to appear in such photos