



FORM 8

Sample Child Consent Form

1. Name of Church organisation

Venue/Activity/Group/Event

Date/Time

Name of Group Leader/person responsible

2. Name of Child/Young Person

Address

Telephone No

Date of Birth

Give details of any medical condition of which the Organisers ought to be aware, please include details of any medication which has to be taken or any dietary requirements. *(This information will be treated with confidence).*

3. I have read all the information provided concerning the programme of the above activity. I am happy to participate in the activity. I am aware that my parents are also consenting to my participation in the activity.

Signed

(Child)

Date

Name and contact details of parent/guardian

Address *(if different from above)*

Any additional telephone numbers during the period of the activity
