



Second Keady Presbyterian Church

SOCCER SCHOOL

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.

I give permission for my child to attend the Second Keady Presbyterian Church Soccer School 2009 at Keady Primary School, Crossmore Road, Keady from Monday 6 to Friday 10 July 2009.

Child's full name: Name by which he/she is known:

Address:

Date of Birth: Age:

Phone number where I can where I can be contacted in an emergency: Home:

Work: Mobile:

If unavailable contact: Name:

Phone no (including code):

Relationship to Child:

Name and phone number of GP:

Details of known conditions, allergies etc (eg. asthma, diabetes, epilepsy) and medication being taken:

.....

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

.....

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.

In the event of illness or accident, having parental responsibility for the above named 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 medial practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

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

Signature: Date:

Relationship to child:

Name printed in full: