



Parent/Guardian Permission Form

St Andrew's Youth Club, Stoke Poges,

Child's Name:.....

DOB:

School Year

Address:

.....

Email Address

We send all updates/ changes via email. We will not send you spam or give your email address to anyone outside the church

Is there any medical issue or allergy that we need to be aware of?

YES / NO

Emergency Contact

Parent / Guardian:

Address:

.....

Emergency Contact Numbers:

Permission

I agree to this child in my care taking part in youth club. I also agree to them receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. In case of a major accident, your child will be taken by ambulance, if possible, to the nearest casualty department and parents will be informed as soon as possible. If this is not the procedure you would like us to follow for your child, please notify us in writing.

We will occasionally take photographs of activities for promoting Youth Club activities. We will not identify any children by name. Please inform us in writing if you are not happy for us to do this.

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Parent/Guardian Signature:

Date: