

MEDICAL AND CONSENT FORM

Full Name: _____

Date of Birth: _____

Address: _____

Post Code: _____

Home Phone: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Please give details of any medical issues we should be aware of, including medication taken:

Parent/Guardian Consent:

I give my consent for my child to attend the youth group held at St.Pauls Church and to take part in all activities including those held in the Church grounds and in the immediate area.

I give my consent for my child to receive first aid and emergency medical treatment, by qualified persons, if necessary.

I have read and understood the use of photography statement and the storage of data statement.

Signed: _____

Parent/Guardian

Date: _____