



Please circle Yes or No and give additional information on the back of this sheet where necessary.

Name:.....

Parent / Guardian Name:..... Mobile phone .....

Email.....Landline phone .....

I consent to my child attending youth groups on the premises at All Saints Ilkley

I am happy for photographs of my child to be taken and used for:

Church website Y N Church magazine Y N Outside Publicity Y N

Church review of the year film Y N

**Health**

Is there any reason why he/she should not take part in any sports? Y N

Does he/she have any health problems? (please give details on the back) Y N

Does he/she have any allergies? Y N

Does he/she take any regular medication? Y N

Does he/she use inhalers for Asthma? Y N

Is there any reason why he/she should not receive any normal treatments ( ie. Objection to conventional medicine) Y N

Has he/she suffered any injuries in the last 2 years? Y N

In the event of a Youth leader from All Saints’ church being unable to contact me first, I give my consent for my child to undergo dental/medical treatment should the need arise, and I authorise the Overall Leader to sign on my behalf. Y N

Parent/Guardian’s signature.....

Name.....

Date.....