

CLUB CONSENT FORM

NFMC is fully committed to safe-guarding the well-being of all children who attend their Clubs. To enable us to do this there is some information we need to know about your child. We would be grateful if you would complete the form and return it to the Leader.

Name of Club	Leader's Name
Address of Club	
	attend the above Bible Club at their usual meeting place and to
Child's full name	Date of Birth
Address	
 Phone numbers where I can be con	tacted in an emergency:
	lobileWorkor other holding parental responsibility)
Name	Relationship to Child
Address	
Phone Number(s)	
Name of GP	Phone Number
Address	
Details of any known medical condi	itions or social education needs, allergies etc (e.g. asthma, diabetes, taken:
for first aid to be administered whe medical treatment to be administere child should require emergency hos	naving parental responsibility for the above child, I give my permission there considered necessary by a trained first aider, if available, or ed by a suitable medical practitioner. If I cannot be contacted and my spital treatment, I authorise an adult leader to sign on my behalf any the hospital. However I understand that every effort will be made to
	tographs or video recordings of your child for display purposes within child to be included in photographs or video recordings please indicated
I do not give permission for pho used for NFMC purposes	otographs and/or video recordings to be taken and
Signature	(Parent/guardian) Date
about the club and in the case of an e GDPR guidelines that your details will	Idren's Bible club has your personal details for the need to contact you emergency with your child, she wants you to know in compliance with the be kept confidential and used only by her and will be stored in a secure lese details to be kept please tick the box. Thank you Naomi)