



THE CHURCH
OF ENGLAND

Diocese of St Edmundsbury
and Ipswich

Parental Consent Form

Parish: _____

Name of child: _____ male/female

Date of Birth: _____

Address: _____

Home telephone: _____

Emergency phone: _____

I give my consent for _____

to take part in (specify activity) _____

Medical conditions or special needs:

Please note medical conditions, medications or dietary needs relevant to your child's involvement in the activity.

Medical Consent

I give my consent for any medical treatment that may be necessary in the event of an emergency.

Signature of parent/carer: _____

Date of signature: _____