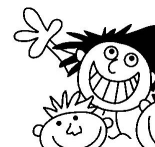


Parental Consent Form – Group Membership



Crusaders is registered under the Data Protection Act 1998.

All of the data given on this form will be held and used in accordance with this Act.

Nrg

Name of child:	Date of Birth:
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Address:	
Postcode:	Home tel. no.

Name of family Doctor:

Address and tel. no. of family Doctor:
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Name(s) of parent(s) or other adult(s) who have parental responsibility for the child:
If the child does not live with the parent(s) or other adult(s) with parental responsibility, with whom do they live? Name: Relationship to child:

Please give details of any health problems, medical conditions or allergies affecting your child, any medication that are taking or any disabilities they have that may affect normal activity:
I give permission for sticking plaster to be used on my child when necessary YES / NO* <small>* Please delete as appropriate</small>

SECTION 2 - this data will help us in planning our weekly programmes and other activities.

School your child attends:

Church your child attends (if any):

Your child's interests and hobbies:

Section 3 – to be read and signed only by a parent or other adult with parental responsibility.

By signing this I apply for my son/daughter to become a Group member of Crusaders and acknowledge that they will become a member on receipt by Crusaders of this form. I give permission for my son/daughter to take part in the normal weekly activities of their local Crusader Group. I understand that the leaders will take all reasonable care in looking after my son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter at Crusaders. In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature:	Date:
Parent of guardian responsible.	