

Parental Consent Form – Kid's Club Membership



Crusaders is a 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.

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:
Name(s) of adult(s) responsible for collecting the 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
I give permission for face paints to be used on my child	YES / NO

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

School your child attends:

Church attended (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: Parent or other adult with parental responsibility	Date:
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