

Methodist Church in Ireland 2022-23



Organisation: **Ballynure Junior Youth/Sports Club**

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend **Ballynure Junior Youth/Sports Club** and to participate in all their activities.

Child's full name:

Date of Birth: Age:

Name by which young person is normally known:

Address:
.....

Phone number where I can be contacted in an emergency:

Home:

Work:

Mobile:

If unavailable contact:

Name:

Phone number (including code):

Relationship to Child:

Name and Phone number of GP:

Details of any known conditions, allergies etc. (e.g. asthma, diabetes, epilepsy) and any medications being taken):
.....

Any other special needs, requirements or directions that would be helpful for the leaders to know about:
.....

I **do/do not** give permission for my child's photo to be taken for use of the Ballyclare Methodist Circuit **ONLY**.

- I will inform the leaders of any important changes to my child's health, medication or needs and also of any change to our address or to any of the phone numbers given above.
- In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.
- I confirm that the above details are correct to the best of my knowledge.

Signature: (Parent/Guardian).

*Optional: Do you currently attend a church? Yes/No..... If so, which one?