



**Epic Explorers at Abbey
Presbyterian Church**



Parental Consent Form

Monday 24th - Friday 28th July 2023; 2.30 - 4.30pm

Anything written on this form will be held in confidence.

I give permission for my child to attend Epic Explorers and participate in all of the activities.

Child's full name:		Name he/she is known by:	
D.O.B:		Class in September (P1, 2 etc):	
Name of Parent/Guardian to be contacted:			
Parent/Guardian Contact Details:			
Address:		Mobile:	
Does your child have permission to walk home on their own: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		If your child is attending the MVI Summer Scheme prior to Epic Explorers, please give permission for your child(ren) to be collected (at Monkstown Village Centre) and be brought to Abbey Presbyterian: YES: <input type="checkbox"/>	
Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:			
Do you give permission for photographs/video to be taken of your child and used for church and promotional purposes including church web site and Facebook page? (tick as appropriate) YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you would like to be kept informed of other similar events please indicate how: Post <input type="checkbox"/> Phone: <input type="checkbox"/> Email: <input type="checkbox"/> (Please provide email address below:)			
In the event of illness/ accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner YES <input type="checkbox"/> NO <input type="checkbox"/> In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given. I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.			
I confirm that the above details are correct to the best of my knowledge.			
Signature : (Parent / Guardian)		Date:	