

Explorer Club – Greenstead Evangelical Free Church

Consent Form 2018/9

Your child is invited to join us at Explorer Club on Thursdays during term time between 6 and 7pm.

Please complete and return this form (your child should bring it with them to the first meeting they attend);-

Full name of child:	Date of Birth:	/	/
Address:			
Please give details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:			
If you give permission for your child to walk home, please tick here			<input type="checkbox"/>
Sometimes we might take photos to display in the church to let people know what we do at Explorer Club. If you give permission for your child to be photographed, please tick here			<input type="checkbox"/>
Parent / carer contact name:			
Contact number:			

I understand that if my child persistently misbehaves he/she may be suspended temporarily as a last resort.

Signed (parent / carer)
Name of parent / carer:
Date: / / .