Text

Description automatically generated with medium confidence

Thrive Consent Form

Surname of child: Forename(s):

Address: Date of birth:

Child’s mobile phone number (if applicable):

Are there any allergies, medical conditions and/or prescribed medicines we should be aware of? Please use a separate sheet if necessary.

Special dietary needs? Please provide clear details, using a separate sheet if necessary. *If inoculations are required for this trip, pleas confirm that these have been done, with inoculations given and dates.*

Are you happy for pictures and video clips to be taken by leaders of the trip, which may include your child, for use within the group and the church? (NB leaders will follow picture and image safety guidelines relating to taking, storing and sharing pictures; these are available from the trip leader).

YES NO (please circle the answer that applies)

Do you give permission for your child to be driven by a Thrive volunteer under the Thrive safe driving policy (please ask a Thrive leader if you would like to review the full policy)?

YES NO (please circle the answer that applies)

Do you give permission for us to contact your child about Thrive events?

Instagram YES NO

Phone YES NO

Emergency Contact

Name:

Relationship to child:

Address:

Contact telephone number: Mobile/email:

Alternative Contact

Name:

Relationship to child:

Address:

Contact telephone number: Mobile/email:

Please read and sign

I have read the information which has been supplied about this visit and I give permission for my child to take part.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_