

Ebenezer Gospel Hall
Friday Night Youth Club

Parental Consent Form

Name	
Address	
Date of Birth	

Contact details in case of an emergency

Contact person 1	
Relationship to child	
Address	
Telephone Number	

Contact person 2	
Relationship to child	
Address	
Telephone Number	

Please advise of any medical condition requiring treatment on a regular basis

Medical Condition	Treatment Required	Authorising Signature

1. I consent to my child taking part in all youth club activities
2. I consent to any emergency medical/surgical/dental treatment including anaesthetic which my child may require during the course of the Club.
3. I consent to pictures of my child on social media.

Signature

Wishaw Ebenezer Gospel Hall Young Street, Wishaw
 Email- wishawebenezer@gmail.com
 Website - www.wishawebenezergospelhall.org

Please return this full consent form at the next Youth Club. Failure to return means we cannot accept the child at the next Youth Club.

The Youth Club is free of charge but children can bring a small amount of money for the tuck shop.