Parish of Basingstoke Down - The Zone Consent & Health Form 2023



PLEASE USE BLOCK CAPTIALS!

Full name of Child:			
Likes to be Called:		Date of Birth:	
Address:		Gender	
		Present School Year:	
		School:	
Parent's/Guardians Full Name		E-Mail address:	
Phone Numbers:	1:	2:	3:
Emergency Contact's Full Name		Emergency Phone Numbers:	4:
This should be someone we can contact, if we cannot			
contact you during Zone			
I give permission for my child to take part in the normal activities of the group. I understand that he/she will be under the control and care of the group leader, and other adults approved by the church leadership. While all			
reasonable care will be given, I appreciate that the leaders cannot necessarily be held liable for any loss, damage or			
injury suffered by my child during or as a result of an activity.			
Details of any allergies, special diets or health conditions: asthma, diabetes etc.			
Anything else you think we ought to know about your child?			
In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated First–Aider. In an emergency, and if I cannot be contacted, I am willing for my child to received Hospital			
treatment including anesthetic if necessary. I understand that every effort will be made to contact me as soon as			
possible.			
By signing this form you are or your Child's personal data in the			
by post phone or	email.		
St Marks' GDPR Privacy Notice can be viewed on our website at ttps://www.saintmarks.org.uk/privacyinformation.htm			
Signature		(Parent/Guardi	an)
Printed Name Date:			

Please return this form to The Church Office, St Marks Church, Homesteads Road, Kempshott, Basingstoke.