

**Jump – Parental Permission Form**

Please complete this Parental Permission Form for your child(ren) to attend Jump Youth Club and send it with your child(ren) the next time that they attend the Club.

Anything written on this form will be held in confidence. The Leaders need to know these details in order to meet the specific needs of your child(ren).

I give permission for my child(ren) to attend Jump Youth Club at 1<sup>st</sup> Donegore Presbyterian Church and participate in all activities: **Yes/ No.**

Child's full name: .....

DOB: .....

Name by which he/she is usually known: .....

Address: .....

.....

Phone number where I can be contacted in an emergency:

Home: .....

Work: .....

Mobile: .....

If unavailable contact:

Name: .....

Phone no (including code): .....

Relationship to Child: .....

Name and phone number of

GP: .....

.....

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy) and any medication being taken:

.....  
.....  
.....

Any other special needs, requirements or directions that would be helpful for the Leaders to know about:

.....  
.....

Getting home:

- My child(ren) will be picked up from Youth Club  
by .....
- My child(ren) will be walking home from Youth Club

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: **Yes / No.**

In the event of illness or accident, having parental responsibility for the above named child(ren), I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner: **Yes / No.**

If I cannot be contacted and my child(ren) should require emergency hospital treatment, I authorize an adult Leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible: **Yes / No.**

During the time your child(ren) will spend with us, photographs may be taken by the Leaders for general Club purposes, including the Club website and for this we need your permission: **Yes / No.**

I acknowledge that my child(ren) is to abide by the Rules of the Club, in particular regarding not taking photographs of other Club members: **Yes / No.**

I would like to assist the Club by helping out the other Leaders at some point during the year:

**Occasionally / Regularly / Unavailable.**

I confirm that the above details are correct to the best of my knowledge.

Signature: .....

Name: .....

(Parent/Guardian) Date: .....

Email Address (for Club news bulletins & trips : .....