

# Café Central Consent Form

Please complete a Consent Form if under 16.

Name: \_\_\_\_\_

Emergency Contact Details

Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

\_\_\_\_\_

GP's name: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

GP' phone number: \_\_\_\_\_

Any known allergies or conditions:

I give permission for my child to attend  
Café Central.

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give permission for any appropriate first aid to be carried out. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

**Yes / No**

I give permission for my child's and my details to be entered on the church database.

**Yes / No**

I also give permission for my child's photo to be taken during the activities.

**Yes / No**

Signature of parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_