

9	<p>Consent Section:</p> <p>I give permission for:</p> <p>to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities outside the normal meeting times of the group. I understand that he/she will be in the control and care of the group leaders approved by the church leadership.</p> <p>I give permission for a trained first-aider only to administer first aid to my child above as the first-aider considers necessary in the best interest of my child.</p> <p>YES / NO</p>
10	<p>In a situation here my child requires emergency medical or dental treatment and I cannot be contacted, I consent to medical and dental professionals providing treatment as they consider necessary in the best interests of my child.</p> <p>YES / NO.</p>
	<p>At the end of each group:</p> <p>My child will make their own way home</p> <p>My child will be collected by one of the following people:</p> <p>1</p> <p>2</p> <p>3</p>
	Signed (parent / adult with parental responsibility).
	Print Name:
	Relationship to child:
	Date: