



IGNITE Parental Consent Form

Child's Name:			
Home Address:			
Date of Birth:			
School Attended:			
Please <u>tick</u> as appropria	ate:		
I give permission for my child to walk home.		O yes	O no
I am willing for photographs of my child to be taken for use in St Thomas' Church publicity.		O yes	O no
I agree for the leaders in charge to give my child any immediate medical attention that may be required.		O yes	O no
I agree for my child's details to be stored on the church's online record system, in line with the church's Privacy Notice.		O yes	O no
Details of any allergies:			
Parent/Guardian Name	e(s):		
Telephone Number(s):			
Parent/Guardian email:			
Signed:			
Date:			



Please complete this form and return it to the team at Ignite. Thank you.