

Parent/guardian authorisation form

newHORIZON

NEW HORIZON

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Details

Child Name

Address

Postcode

DOB

Age

School Year (in Sept 2017)

Details of medical conditions

Other information about your child that you think we should know

Enrolled in Event(s)

Crèche

SU P1-P4

SU P5-P7

On the Edge :am Y8-Y11

Livewire Y12-Y14

Salt Factory Sports P5-P7

On the Edge :pm Y8-Y12

It would be appreciated if parents using the Crèche over 5 mornings would offer to help on one morning. Please volunteer at the Crèche Desk.

I give consent to any medical treatment that may be necessary in the event of an emergency.

Yes No

I give permission for my child to leave the above programmes unaccompanied (SU P5-P7, Livewire, SFS & OTE only)

Yes No

Name of parent / guardian

Emergency contact no

Signed

Date

I understand that I must inform the team leader of any changes to personal or medical information between completing this form and my child attending the event.

I give permission for my son/daughter to be collected at the event by the responsible adult named below. This person is attending New Horizon.

Name of responsible adult attending New Horizon

Contact no

I agree to allow New Horizon Ministries Ltd to take photographs/video of my child and grant permission for these to be used by New Horizon Ministries Ltd to promote New Horizon in publications, press articles, promotional material and websites, exclusively for non profit making purposes

Yes No