

South Oakleigh Gospel Hall Holiday Bible Program Parental Consent Form

Child's Name:

DOB:

Child's Name:

DOB:

Child's Name:

DOB:

Child's Name:

DOB:

Address:

Contact number/s:

Email:

Any known allergies or conditions?

Parental Consent:

I give permission for the above named child/children to attend the Holiday Bible Program ('the Program') at South Oakleigh Gospel Hall (SOGH).

In the unlikely event of illness or accident I give permission for any necessary emergency first aid or medical treatment to be given. In such cases, I understand that every reasonable effort will be made to contact me as soon as possible.

Please tick if restricted media featuring the child/children may be used -

I give permission for any photographs, videos or media made during the Program featuring the child/children to be used for the purposes of the Program only, including use on the website www.gospellhall.org.au.

I understand that I have the right to withdraw this consent at any time by notifying any of the members of SOGH.

Full name of parent/guardian.....

Signature of parent/guardian.....

Date: