



PERMISSION FORM

**** Please note in order to keep Salt safe & fun, it's important that those who come join in the program and follow the leaders' instructions. Where this isn't happening, the Salt leaders will contact parents and discuss the best approach to helping children to engage with the program.****

DETAILS OF CHILD 1

Name: _____ D.O.B: _____

Allergies / Medical alerts: _____

Current School Year: _____ School: _____ Sex: M/F _____

DETAILS OF CHILD 2

Name: _____ D.O.B: _____

Allergies / Medical alerts: _____

Current School Year: _____ School: _____ Sex: M/F _____

DETAILS OF CHILD 3

Name: _____ D.O.B: _____

Allergies / Medical alerts: _____

Current School Year: _____ School: _____ Sex: M/F _____

I give permission for photos/videos of my child to be taken that may be used to advertise the group: Yes No
i.e. Shot of kids playing a game on Church Facebook page wth group details.

Parent / Guardian Name	
Parent / Guardian Name	

Phone no.	
Phone no.	

PARENT/GUARDIAN PLEASE READ, SIGN AND DATE THE FOLLOWING:

My signature below indicates:

- ✓ My willingness to permit my child to participate fully in the [Lake Mac Evangelical Church's weekly "Salt" kids club](#)
- ✓ That I give my permission, in the case of a medical emergency, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Parent or guardian's signature certifying acceptance of all these conditions:

Signature:	
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Date:	
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For updates on what's happening from week to week at Salt, please join our Facebook group!
<https://www.facebook.com/groups/488776069044195>