Youth Group Consent

Name of child/ Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information on my child’s information record is correct 🞏

I give consent for my child to attend Youth Group on Sunday evenings at All Saints Church 🞏

My child is able to walk home without an adult 🞏

|  |
| --- |
| My child can be collected by these named individuals: |
|  |

If a non named adult will be collecting your child please contact the group leader ASAP

|  |  |
| --- | --- |
| Signed  |  |
| Name  |  |
| Date |  |