



**Discovery Annual Consent Form Sept 2011 - July 2012**

The Academy  
Locks Heath Free Church  
255 Hunts Pond Road  
Titchfield Common  
PO14 4PG

Contact: Claire Johnson  
Telephone: 01489 579669

**Name of Child:**

(Block Capitals)

Home address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_

**Parental Consent**

I, \_\_\_\_\_ (parent/guardian) give my permission for my child to take part in the regular activities of Discovery. I also give my consent for my child to use the Recreation Ground adjacent to the church during the normal running times of Discovery. I understand that in the event of an illness or accident, every effort will be made to contact me, but if this is not possible, I authorize any member of the Discovery Team to sign on my behalf any written form of consent required by medical authorities.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Occasionally activities/events will be photographed or videoed and displayed within the church or associated publications. No such information will be displayed on our website, or through any internet site before further permission is obtained.

I consent to photographs / videos of my child being taken - Yes / No

**Emergency Contact Details:**

Please give details of who to contact in the event of an emergency.

Person to contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternative: \_\_\_\_\_

**Medical Details:**

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Specific Requirements, Medical Conditions or Special Needs of the Child:**

In order to help us make sure your child has the best experience of Discovery, please let us have details of any special needs, specific requirements (e.g. diet, learning difficulties), or medical conditions or allergies that your child has. Continue overleaf if needed. Thank you.