Ballynahinch Gospel Hall
(4 Crossgar Road, Ballynahinch)

Consent Form

Use this form to provide consent for up to three children at the same address.

Child Details

	Child 1	Child 2	Child 3
Name of child (first name and surname)			
Date of Birth			

Address: _____ _____	**Postcode:** _____

Parent / Guardian Details

Name of parent / guardian:	
Contact Telephone Number:	
Second Contact Telephone Number:	

If unavailable please contact:

Name:	
Relationship to child:	
Contact Telephone Number:	

Any medical requirements / special needs / dietary requirements we need to be aware of

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Consent

I consent to the above children attending Ballynahinch Gospel Hall and being transported to and from the hall.

Signature of Parent / Guardian: _____ **Date:**_____