

INFORMATION AND PERMISSION FORM

Name of Child: _____ D.O.B: _____ Sex: M / F

Address: _____

Current School Year: _____ School: _____

Parent 1 : _____ Email: _____

Ph (Home): _____ Ph (Mobile): _____

Parent 2/Alternative Contact: _____

Relationship to Child: _____ Ph (Mob): _____

Is your child on a special diet, on any medication, have a serious illness or disability, have a known behavioural problem or restricted from any activity?

☐ No ☐ Yes *If yes, please include details over the page.*

Is there anyone who is legally restricted from seeing your child?

☐ No ☐ Yes *If yes, please indicate who on the reverse side of this form*

☐ I give permission for my child to walk with Glow volunteers to St Bede's on Friday afternoons via a walking bus (crossing at the Tranmere Rd crossing). I will inform Jeremy (0433375766) or the church office (91811653) when my child will not be present for collection for the walking bus. *NB: For years K-2, parents must directly inform teachers that Glow volunteers will be collecting their children.*

☐ I give permission for photos or videos of my child to be used for promoting Glow. *(Please note: we only use group photos for promotional use)*

☐ I give permission for my child to participate fully in the activities at Glow and release St Bede's and Glow leaders from any responsibility for injuries resulting from my child's normal participation in activities at Glow.

☐ I give my permission, in the case of a medical emergency to secure proper treatment for my child.

Name: _____ Date: _____

Signature: _____