

Information and Consent Form 2016/17

Child's Name:			D.O.B.	D.O.B.	
Address:					
			Postcode:		
Home Phone: School:					
Parents Email:			School Year:		
Allergies/pertinent medical conditions					
Parent/Guardian Name:			Mobile:		
 FOR THE YOUNG PERSON TO READ AND SIGN Here at EPIC:KIDS we want to make sure that everyone feels safe and comfortable and we do everything we can to make sure this is the case. This means that we need you to be respectful of each other your leaders the equipment and the building. You will not be allowed out of the building on your own before we finish at 7.15pm and we expect no anti-social behavior, bullying of any kind or even play fighting. Unfortunately if any of these rules are not adhered to then the safety of the rest of the children will be compromised so as leaders we will have to decide if you should stay away for a short while or even to call parents to come and collect you early. Please show your agreement to these simple rules by signing your name below 					
Parental Permission I have read and understand this letter. I understand EPIC:KIDS will be meeting at Littleover Methodist Church each Monday during Term Time from 6-7.15pm, unless I am informed of an off-site visit with a further permission slip. I understand that members are not allowed to leave the premises from when they arrive until the end of the evening. I give permission for medical attention to be given or sought in the event of an emergency (I understand that most youth club evenings contain elements of Christian teaching and the leaders will be modelling Christian values and lifestyle and will be actively encouraging the children to do the same.					
Print Name Signed		b		Date	