

# CONNECTING WITH ALLAH

## Parent/ Guardian Consent Form

**PLEASE NOTE: YOUR CHILD WILL NOT BE ABLE TO ATTEND WITHOUT THIS CONSENT FORM CLEARLY SIGNED AND DATED.**

As part of the application process, we ask you as the parent or guardian to sign the following agreement.

### EMERGENCY MEDICAL INFORMATION AND RELEASE:

1) Child's Detail:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) In case of emergency, who should be contacted?

	Emergency Contact	
Full Name		
Address		
Relationship		
Home Phone		
Mobile Phones		

2) Does the child have a medical condition we should be familiar with? YES / NO

If yes, please describe. Use the 2<sup>nd</sup> page, if necessary.

3) Does the child require medication? YES / NO

If yes, note provision you have made and any information we must be aware of. Use the 2<sup>nd</sup> page, if necessary.

4) Does the child have any dietary restrictions? YES / NO

If yes, please describe. Use the 2<sup>nd</sup> page, if necessary.

5) We may take photos or video footage of your child for promotional use of BMS Youth activities.

If this is NOT acceptable, please state here:

I hereby grant permission for my child to attend and participate in all of the activities and programs at the 'Connecting with Allah' youth camp at the **Southall Activity Centre** Longboat Row, Cranleigh Gardens, Southall, Middlesex. UB1 2BE.

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

In case of an accident or emergency, I hereby give permission for my child to be given emergency treatment if I cannot be contacted by telephone or any other means to authorize this. I also give permission for my child to be transported by car, ambulance, or aid car to an emergency center for treatment.

Parent's Signature \_\_\_\_\_

OR

Co-signer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Use this page for any detail information we should be aware of: