

Name of Church (if attended)

\_\_\_\_\_  
\_\_\_\_\_

**SHOUT  
ALIVE!**

Consent Form: Please fill and bring with you.

Child's name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Home no. \_\_\_\_\_

\_\_\_\_\_ Mobile no. \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

In case of Emergency (if different from above) \_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Does your child suffer from any of the following, if so give details:

Medical conditions eg – Asthma, hearing, eczema, etc: \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary requirements \_\_\_\_\_

Additional information \_\_\_\_\_

**Declaration:**

I hereby give consent for \_\_\_\_\_ (child's name) to participate in the activities of SHOUT ALIVE. I understand that all activities will be supervised but that the SHOUT ALIVE team are not responsible for any accident or injury that may occur.

Signed \_\_\_\_\_

**Bouncy Castle:** I give my permission for \_\_\_\_\_ to use the bouncy castle, understanding the risks and under the knowledge the SHOUT ALIVE team are not responsible for any accident or injury that may occur.

Signed \_\_\_\_\_

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