



LIONS CHILDREN OF COURAGE

2024

Parent/Guardian Consent Form

Child's Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Parent/Guardian Name: _____

Address: _____

City: _____ Postcode: _____

Home Phone: _____ Mobile number: _____

Please Tick any of the following boxes that you are comfortable with.
(These are not a requirement of nomination but will assist Lions Clubs in promoting the awards. You can withdraw your consent at any time.)

I give/do not give permission for the child's photograph only (with no identification) to be used for promotional purposes for the Lions Children of Courage Awards.

I am/am not happy to have my child included in a newspaper article relating to the Lions Children of Courage Awards.

My child has dietary requirements and allergies. (please list).



Organization Information

Business Name: _____

Address: _____

City: _____ Post Code: _____

Work Telephone: _____ Mobile number: _____

Consent:

I, _____ confirm that I am the parent/guardian of

Child's Name: _____

Signature: _____

Date: _____

**Dietary Requirements and Allergies Must be Listed.
Parents/guardians should also keep a copy for their
own records.**

**Names of those accompanying Nominee
Maximum of 4**

Name: _____

Relationship to Child: _____

Dietary Requirements: _____

Other information: _____

Name: _____

Relationship to Child: _____

Dietary Requirements: _____

Other information: _____

Name: _____

Relationship to Child: _____

Dietary Requirements: _____

Other information: _____

Name: _____

Relationship to Child: _____

Dietary Requirements: _____

Other information: _____