



**GENERAL PERMISSION FORM**

**Event(s) Attended (Please tick all those that apply):**

**Sunday Morning (Inferno)**

**Sunday Evening (Chill 'n' Chat)**

**Wednesday Evening (House Group)**

**Thursday Worship**

**This form must be completed by a parent/guardian in order for the young person to participate in the event/activity. It should be signed and returned to:**

**CAMERON EWART or STEVEN & SHARON TAYFIELD**

**PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE YOUNG PERSON MAY NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.**

Full name of young person .....

Date of birth ... / ... / ...

Address .....

.....

Postcode: .....

Telephone number(s): .....

The person to contact in case of emergency during this event is:

Name .....

Relationship to child/young person: .....

Address: .....

.....

Telephone number(s): .....

Should the above not be available, please contact:

Name .....

Relationship to child/young person: .....

Address: .....

.....

Telephone number(s): .....

Child's/young person's registered GP

Name .....

Address .....

Telephone number(s): .....

Does the child/young person suffer from any allergies?

.....

Does the child/young person have any medical conditions which we should be aware of?

.....

Declaration

Please note that this declaration can only be signed by those with parental responsibility

- I give permission for .....[insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I give permission for my son/daughter to be transported to an event/activities by car if necessary.

**I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE.**

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment.

Signed (parent or adult with parental responsibility) .....

Date .../.../....