



Permission for Additional Bell Ringing Activity

Church

Full name of Child / Young Person.....

Address

Date of Birth..... Mobile no.....

Activity / Event.....

Additional details if necessary, should be given to parent on a separate sheet

Date of activity

Venue 1

Venue 2

Venue 3

Start time End time

Name and contact details of activity leader
.....

Name and contact details of responsible person for child during this activity
.....

Meal arrangements

Transport arrangements.....

Consent: I give consent for my child to take part in this event detailed above, or on a separate sheet.

My child will be brought to and collected from the group* Yes No

My child has my permission to travel to and from the group without me* Yes No

I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted. *(NB: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We understand that medical staff find this type of general consent helpful)*

Name of parent or carer Signature.....

Contact details during this event: Tel no..... Mobile.....

If not available, please contact: Name.....

Telephone Number..... Mobile.....

Details of any medical condition, allergies, phobias or disabilities which your child may have

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Details of any medication (*please ensure an adequate supply is brought to the event*)

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Details of last tetanus injection.....

Details of any dietary requirements.....

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Doctor's name.....

Address.....

tel no.....

Any other information you think organisers should know

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