



GENERAL PERMISSION FORM

Event(s) Attended (please tick all those that apply)

Sunday Morning (Inferno)

Sunday Evening (Chill 'n' Chat)

Saturday Soul Survivor Celebration

Explorers (Young Leader)

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:
Bev Hamilton

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 the young person

Date of birth

Address

.....**Postcode**.....

Emergency contact

Name..... Relationship to young person.....

Telephone number

Second Emergency Contact

Name..... Relationship to young person.....

Telephone number

Young person's registered GP

Name

Address.....

Telephone number

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

.....
.....

Does the Young person suffer from any allergies? YES/NO

If yes please give details
.....

Declaration

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

- I give permission forto take part in the events named above
- I consider my son/daughter to be medically fit to participate in the activities
- 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 on the above information change

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

I give permission for photos/videos to be taken

I give permission for Well Street United Church to store this information securely including in electronic format.

Please see Well Street United Church Privacy Policy for data retention information.

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

Date