

**Church** .....

**Group** .....

**Full name of child or young person**

.....

**Date of birth** .....

**Address**.....

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**Name of parent or carer** .....

**Telephone number** .....

**Mobile** .....

**Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about your child?** (This will not preclude your child from ringing, but notification now will help in the event of a medical problem.) Please give any relevant details below or state "none":

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- I give my permission for the above-named child/young person to take part in the normal activities of this group.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.

**Signature of parent or carer** .....

**Name of additional contact** .....

**Telephone (for additional contact)**.....