



Soul Survivor Permission Form 2017

Please fill in and return to Lorna or Matt in the Church Office with your deposit

Young Person's name:

Date of birth:

Address:

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Young person's mobile number (Please let us know if this changes before the event):.....

Young person's email address:

Allergies/Dietary Requirements:

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Medical/Behavioural Conditions:

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Medication:

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Does your child manage his/her own medication? Yes/No

If no, please give details of the assistance they need in taking their medication

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Anything else to be aware of:

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Parent/Guardian Name:

Parent/guardians phone number:

Parent/guardians email address:

Person to contact in event of emergency:

Name:

Relation to child:

Contact numbers (Please provide at least 2)

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Please do not display photographs of my child **externally** (e.g. website / social media / parish magazine etc.)

Please do not display photographs of my child **internally** (e.g. noticeboards in church / projection screen etc.)

Please note that 'internal' displays may also include displays in our partner church for this event – Christ Church, Chineham.

Please read the following declaration carefully and sign at the bottom:

- In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given, including over the counter painkillers (e.g. paracetamol and ibuprofen).
- In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital/dental treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
- I understand that my child will be camping and will make sure they have appropriate equipment with them, including a tent, sleeping bag and mat.
- I understand that every effort will be taken to ensure the safety of my child, but that they will be given a reasonable amount of freedom and will not be supervised by an adult 100% of the time. I confirm that they are capable to attend this event and to behave appropriately.
- I have enclosed the initial deposit of £60
- I confirm that the details about my child stated above are correct, and I consent to my child attending Soul Survivor including travelling arrangements.

Sign:Date:.....

Print name: