

# The Big Sleep Out Form 2018

11<sup>th</sup> – 12<sup>th</sup> May 2018

Young Person's name:

Date of Birth:

Male / Female (*please delete as appropriate*)

Address:

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

Allergies/Dietary Requirements:

Medical/Behavioural Conditions:

Medication:

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

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

Anything else to be aware of:

Transport Details (Who is dropping you off / picking you up?):

Parent/Guardian Name:

Phone number:

Email address:

Additional person to contact in event of emergency

Name:

Relation to child:

Contact number:

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I give permission for photographs of my child to be displayed **externally** (e.g. website / social media / parish magazine etc.)

I give permission for photographs of my child to be displayed **internally** (e.g. noticeboards in church / projection screen etc.)

I give permission for the Church of the Good Shepherd to store and use the information on this form, including using it to sign my child up to the event with Trinity Winchester online.

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*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 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 understand the nature of this event, that my child will be sleeping rough and deem them capable of taking part.

I understand that this is a public residential event at which COGS Youth will do everything possible to ensure the safety of my child, but that they cannot be responsible for the behaviour of others who attend the event outside of the COGS Youth group.

I confirm that the details about my child stated above are correct, and I consent to my child attending the Big Sleep Out.

Sign: .....Date:.....

Print name: .....