



The Good Shepherd  
Four Marks



John's Parish Church  
New Alresford, Hampshire



### Soul Survivor Permission Form 2019

*Please fill in this form and return it to your church or youth worker with your deposit or full payment.*

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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## Photo Permission

I give permission for the Church of the Good Shepherd, Christ Church Chineham, the Parish of the Resurrection and St John's to use photographs of my child in internal displays and on their websites and social media.

*Please note that by making a booking you are giving Soul Survivor permission to capture and use photographs of you / your child and that this is outside of the control of your church / youth group.*

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 Soul Survivor often cover difficult topics (e.g. isolation / mental health / friendship / shame / family etc.) and confirm that, with the support of the youth team, I believe my child will be able to cope emotionally. *(If there is any information that might enable us as a team to provide the best possible care and support for your child, we will be happy to discuss this with you prior to the event.)*
- 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: .....