



D. 2. Activity Permission Form for Persons Under 18 years

1. **Name of Church organisation:**

Venue / Activity / Group / Event:

Date / Time:

Name of Group Leader / person responsible:

2. **Name of Child / Young Person:**

Address:

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Telephone:

Date of Birth:

Give details of any medical condition of which the Organisers ought to be aware, please include details of any medication which has to be taken or any dietary requirements. This information will be treated with confidence.

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3. I have read all the information provided concerning the programme of the above activity.

I hereby give permission for my son / daughter / ward to participate in the above activity.

4. **The**

(organisation)

only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the organisation or its servants or agents.

Signed: Date:

(Parent / Guardian)

Address: *(if different from above)*

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Any additional telephone numbers during the period of the activity:

Name: Tel:

Name: Tel:

Name: Tel:
