



GENERAL PERMISSION FORM

barley hill youth

This form must be completed by a parent/guardian for the young person to participate in the event/activity. It should be signed and returned to **Claire Britton** This form covers all our regular on-going activities.

Social events, residentials and trips (including Soul Survivor) will carry separate consent and letters will be given out for those as & when they happen.

Event(s) Attended (Please tick all those that apply):

- | | |
|--|--|
| <input type="checkbox"/> Yellow Base | <input type="checkbox"/> Bible study group |
| <input type="checkbox"/> Discipleship Groups | <input type="checkbox"/> Youth Worship |

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE YOUNG PERSON MAY NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

CONTACT DETAILS

The details you give below are to be kept and used for communicating about Barley Hill youth events, relevant notices and in cases of emergency. The details given will not be passed on to any other organisation, or person without permission given.

We ask for the mobile phone number of young people as that is the easiest way to communicate with them. This number is securely kept and is treated as confidential information.

Full name of young person

Date of birth / /

Address

Postcode:

Telephone number(s) of young person – PLEASE INCLUDE MOBILE NUMBER:

.....



EMERGENCY CONTACT

The person to contact in case of emergency during this event is:

barley hill youth

Name

Relationship to child/young person:

Address:

Telephone number(s):Email.....

MEDICAL INFORMATION

Please give details of the registered GP:

Name

Address

Telephone number(s):

Please give details of any known medical conditions or allergies:

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Please give details of any known dietary requirements:

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DECLARATION

I give permission for[insert name] to take part in the regular event(s) named above.

I consider my son/daughter to be medically fit to participate in the activities marked on the first page.

I give permission for my son/daughter to be transported to or from an event/activity by car if necessary.

I UNDERTAKE TO INFORM YOU SHOULD ANY OF THE ABOVE INFORMATION CHANGE.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment.

Signed (parent or guardian)

Date

Please return to Claire Britton either in person or e-mail: youth@barleyhillchurch.org.uk