

Saturday 25th

June 2011

Come & Sing 2

Name of youth/child _____

Name of parent/guardian) _____

Address _____

Home telephone _____ Mobile _____

Other emergency contact _____

Medical Information

Is your youth/child presently being treated for an injury or sickness or taking any medication?

Does your youth/child have or has had any disability , suffer from epilepsy or require any medication during the course of the day's activities? If so please specify _____

Does your youth/child have any specific allergies/dietary requirements? Please note that a packed lunch will be required, however squash biscuits and other items of refreshment may be provided on the day. If you do not wish your youth/child to receive these, please state clearly here. _____

Consent

I the undersigned being the parent or legal guardian of the youth/child name above, hereby consent to them participating in all the scheduled activities at the Come and Sing event at Christchurch Gravesend. If I wish to revoke this consent for any reason, I will notify the youth leader in writing.

Medical Treatment

I understand that I will be notified in the case of medical emergency, however, in the event that I cannot be reached I authorised the calling of a doctor/ambulance and the providing of necessary medical services in the event that my youth/child in injured or becomes ill. I authorised one or more of the supervising staff designated by the vicar to make emergency medical care decisions on behalf of my youth/child, if required by law or a health care provider. I authorise these persons to act in loco parentis. I further agree to notify the supervising staff in writing of any health changes that would restrict my youth/child's participation in any activities. I also understand that the leaders reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth/child.

Signature of parent/guardian _____ Date _____