



Permission to Ring Church Bells

Church

Group

This Group meets on **at** **until**

on **at** **until**

for the following activity:

Full name of Child / Young Person

..... **Date of Birth**

Mobile no

Whilst your child is in our care it would be helpful for us to know if he/she suffers from any allergies or phobias, or is on any medication. Is there anything else you would like us to know so that we can care for your child as well as possible?
Any special needs?

.....
.....

Parent or Guardian's details and consent

Name

Address

Is this the child's address? If not give details

Tel. No. **mob no**

Email address

Name and tel. no of alternative contact (in case of emergency)

My child will be brought to and collected from the group* Yes No

My child has my permission to travel to and from the group without me* Yes No

- I give my permission for my child to attend the group and take part in it's normal activities.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for additional activities and outings and for the use of video or photographic recording for training or other purposes

Signature of Parent or Guardian

Date

delete as appropriate