

**::12.02 CONSENT FORM FOR SPECIAL OUTINGS**

Name of Congregation:	
Organisation:	
Details of outing/activity/residential:	
Date:	Time:
Method of Transport:	
Cost (if any):	
Collection Arrangements:	
I note the arrangements and give permission for my child to take part in this outing/activity/residential. Print Child's name:	
Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:	

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume that you have given permission for your child's photograph to be taken unless otherwise informed.

Signed:	Relationship to Child:
<b>Contact Telephone Numbers:</b>	
Home:	Mobile: