

## Consent form for activities and day visits

Proposed activity or visit: \_\_\_\_\_

Date: \_\_\_\_\_

Venue/destination: \_\_\_\_\_

Departure place and time: \_\_\_\_\_

Return place and time: \_\_\_\_\_

Transport arrangements:  
(This might be in a church  
worker/volunteer's own car) \_\_\_\_\_

Please bring along:  
(eg. coat, swimming kit, lunch etc) \_\_\_\_\_

Cost: (cheques payable to  
"Cheltenham Network Church"): \_\_\_\_\_

CNC contact person for activity: \_\_\_\_\_

.....  
**Please detach and return by:** \_\_\_\_\_

Full name of child / young person: \_\_\_\_\_

Address (or contact details): \_\_\_\_\_

Tel no. for emergencies: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Mobile: \_\_\_\_\_

Details of any regular medication,  
medical problem (eg. asthma,  
epilepsy, diabetes, allergies,  
dietary needs, etc.) or disability  
which may affect THIS activity: \_\_\_\_\_

- I have read the above information and I give permission for the above named child/young person to take part in this activity.
- I give my consent to any medical treatment that may be necessary in the event of an emergency.
- WHERE APPLICABLE - I enclose payment of £ \_\_\_\_\_

Signed (parent, or adult with parental responsibility): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_