



Activities and Day Visits Consent Form

This completed form should be taken with the worker on the activity or visit.

To be completed by a children’s worker

Name of Congregation and group:

Date of Activity:

Type of Activity:

Venue/destination:

Departure place and time:

Return place and time:

Cost:

Transport arrangements:

Items to be brought (e.g. coat, swimming kit, packed lunch, money, etc):

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To be completed by the parent or guardian of the child or young person

Name and address of child or young person:

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Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:

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Consent:

- I have read the above information and I give permission for my child as named above to participate in this activity.
- In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

Yes No

I enclose a cheque or cash in the sum of £ _____

Signature of parent or guardian of the child or young person:

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Contact number for day of event:

Date:

Please let us know if any of your contact information has changed:

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This congregation is committed to protecting privacy and safeguarding personal data. We shall use the information you have provided us with for safeguarding purposes and related matters and will only keep the data for as long as required for that purpose. The full Privacy Notice for our congregation is available on our website. Please ask for details from your Safeguarding Coordinator.

Should you have any questions concerning the use of the information you provide please contact the Safeguarding Coordinator.