



Activity Permission Form for Persons Under 18 Years

1. Name of Parish or diocesan body: _____

Responsible Person: _____ Contact No. _____

2. Venue/Activity/ Group/Event: _____

Date/Time: _____

2. Name of child: _____ Date of Birth: _____

Address: _____

Child's Telephone Number _____

Give details of **any** medical condition of which the Organisers ought to be aware. Please include details of any medication which has to be taken or any dietary requirements. (This information shall be treated in confidence)

3. I have read all the information provided concerning the programme of the above activity. I hereby give permission for my son/daughter/ward to participate in the above activity.

4. I acknowledge that _____ does not accept liability or responsibility for an incident or accident unless there is proven negligence or breach of statutory duty of the organisation, its servants or agents.

Parent/Guardian details

Name: _____ Tel No(s): _____

Address _____

(If different from the child's address above)

Signed: _____ Date: _____

(Parent/Guardian)

Any additional telephone numbers during the period of the activity _____