

ODG 10 BELL TRAINING DAY, 2015

PERMISSION TO RING FORM

Church

Group

Full name of child or young person

.....

Date of birth

Address.....

.....

.....

Name of parent or carer

Telephone number

Mobile

Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about your child? (This will not preclude your child from ringing, but notification now will help in the event of a medical problem.) Please give any relevant details below or state "none":

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.....

- I give my permission for the above-named child/young person to take part in the normal activities of this group.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.

Signature of parent or carer

Name of additional contact

Telephone (for additional contact).....
