

## FORM 7 Special Activity Information and Consent Form

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Church /Organisation: \_\_\_\_\_ Group: \_\_\_\_\_

### GIVE DETAILS OF THE ACTIVITY AND ANY COST:

Full name of child/young person: .....

Date of Birth: ..../..../.....

Address: .....

Name of parents/carers and contact details:

Parent/ carer 1: .....

Parent /carer 2:.....

**I give permission for .....(name)  
to take part in the above named activity.**

I understand that, while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

I give permission for medical treatment to be administered in the case of an emergency.

However, the parent/carer should be contacted and advised of the situation as soon as possible.

Please note below any medical conditions or disability, regular medication and any additional information that the leader may need to care for the child effectively during the above named activity.

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### Transport

Unless specifically agreed otherwise in advance and noted below, you are responsible for transport to the above activity. The leader will transport the child if necessary in the event of an emergency.

I give permission for my child to be transported \*to and from the activity/in the event of an emergency (delete as appropriate)

In signing below you are agreeing for your child to take part in this activity, for medical advice or treatment to be sought if necessary, and for the leader to transport your child as noted above.

Signed: \_\_\_\_\_ (parent/carer)

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

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