

ST. SEBASTIAN'S YOUTH TRIP AND EVENTS

Event:

Venue:

Date:

Arrival Time:

Departure Time:

Cost:

Travel:

Meeting Place:

Additional Equipment:

Name of Leader: **Debbie Harris**

Leader Mobile No: 07814 196468.....

"

Name of Young Person:

Emergency Contact No:

Event:

£ I have completed the annual youth registration form. If not, please complete the reverse side of this form.

£ I give consent to my child taking part in this event as detailed above (or on a separate information sheet).

£ I agree to photographs of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet (delete as applicable).

£ I agree to any emergency medical treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

NB. The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.

Signed: Date:
Parent/Guardian