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Guest Contact, Consent Form & Medical Form

Event:

Date:

Full name of young person:

Address:.....
.....

Date of Birth:

Please give details of any medical conditions (eg. Asthma, Epilepsy, Diabetes, Allergies/dietary needs) or disability that may be affected by this activity:

Contact name and telephone number for emergencies:

- I have read and understood the details of this event and give my permission for my child to take part in this activity.
- I give my consent to any medical treatment that may be necessary in event of an emergency.

Signed (parent or adult with parental responsibility):
..... Date:

The information on this form can be completed by a carer but only those with parental responsibility can sign the consent (NB this may not include a foster carer).

Contact kat@jcceg.co.uk or 01342328334 with any enquiries.



Jubilee Community Church