



**Registration/Permission Form  
Activities/Day trips**

**Confidential**

**Name of Congregation** .....

This form should be used to register children for one-off activities or day trips. The group leader should have the completed form to hand for the duration of the activity etc.

Child's name .....

Address .....

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Date of Birth .....

Parent/Guardian contact tel. no. for day of event .....

Emergency Contact name and tel. no. ....

Doctor's name and tel.no. ....

Allergies, conditions, medication or dietary needs .....

Name or description of Event/Activity\* .....

Venue/destination .....

Date and Times .....

Main activities .....

**To be  
completed by  
the organiser**

I give my consent for my child to attend the event/activity described above.  
 I will/will not\* make use of the transport arrangements (see below if applicable).  
 In case of emergency please contact me on the above emergency number.  
 If I cannot be contacted, I am willing for my child to receive hospital treatment if required, including anaesthetic.  
 I understand that every effort will be made to contact me as soon as possible.

Signed ..... Parent/Guardian\*  
 \*delete as appropriate

Print Name ..... Date .....

**Transport arrangements** if applicable (including departure and return place and time)

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