



PARENTAL AUTHORISATION FORM

Spree Wales 23rd - 25th June 2017

SECTION 1 - This data will help us contact you should we need to during our residential activity.

Name of child:	Date of birth:	
Address:		
Postcode:		
Address of parent or carer during the residential activity if different from the child's address above:		
Contact telephone numbers of parent/carers during the residential activity:		
Daytime:	Evening:	Mobile:

SECTION 2 - MEDICAL INFORMATION. This data will help us to give the best possible care to your child.

Name of family Doctor:
Address and phone number of family Doctor:
Please give details of any allergies affecting your son/daughter:
Please give details of any medication your son/daughter is currently taking, the dosage and whether it can be self-administered:
Please give details of any contagious or infectious diseases your son/daughter has suffered from in the past 3 months:
Please give details of other recent illnesses:
Please give date of last anti-tetanus injection:

Continued overleaf...

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Please give details of any special dietary requirements your son/daughter has:

Please give details of any activities included in the programme in which your son/daughter may not participate:

Please give any other information you think may be useful to us in caring for your son/daughter, e.g. suffers from travel sickness:

SECTION 3 – to be read and signed only by a parent or other adult with parental responsibility.

I give permission for my son/daughter to take part in this residential trip and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this trip.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for Urban Saints to process the personal data given on this form for use in relation to my child taking part in this trip.

I understand that if my son/daughter grossly misbehaves at this residential activity then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes and alcohol are forbidden and failure to abide by this rule may constitute gross misbehaviour.) I agree to pay for deliberate damage to property caused by my son/daughter.

We may take videos and photographs of Spree activities and attendance at this event signifies agreement that these may appear in future publicity or other material produced by Urban Saints, or materials produced by other organisations in sympathy with Urban Saints and to whom express permission to use videos/ photographs has been granted. Your details will only be made known to others outside of Urban Saints where we use, or collaborate with other people or organisations to carry out work on our behalf. A duty of confidentiality will be imposed on such people and organisations.

I enclose £ as payment for this residential activity.

Signature:

Date:

Print Name:

(Parent or other adult with parental responsibility)

NOTE FOR GROUP LEADERS

Please retain this form and bring a copy of it to the weekend, do not post it to the Spree Wales office.

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Registered Charity No. 223798
From 1906 to 2006 'Urban Saints' was known as 'Crusaders'

Spree Wales is organised by several youth organisations and individuals. It is endorsed by the following churches and organisations:

