



Worcester Guild of Bellringers

General Information & Consent Form		
This form is to be completed by a parent / adult with parental responsibility.		
1	Name of Church & Activity:	
'	Worcester Cathedral Guild of Bellringers	
2	Full Name of Child / Young Person:	
3	Date of Birth	
4	Address:	
5	Details of any medical condition (eg asthma, epilepsy, diabetes, allergies or dietary needs), disability or regular medication, including dosage, which may affect normal activity.	
F 4		
5.1	Please place a tick against any of the following which apply: He/she is allergic to paracetamol	
	He/she is allergic to plasters	
	He/she may suffer from travel sicknessAny other allergies?	
	Any other allergies? Any other details / information we should know?	
6	Date of most recent anti-tetanus injection, if known:	
7	Name & Contact Details of Responsible Adult:	
	Telephone: Day Evening	
8	Name & Contact Details of Alternative Adult:	

9	Consent Section:
	I give permission for:
	to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities outside the normal meeting times of the group. I understand that he/she will be in the control and care of the group leaders approved by the church leadership.
	I give permission for a trained first-aider only to administer first aid to my child above as the first-aider considers necessary in the best interest of my child.
	YES / NO
10	In a situation here my child requires emergency medical or dental treatment and I cannot be contacted, I consent to medical and dental professionals providing treatment as they consider necessary in the best interests of my child.
	YES / NO.
	At the end of each group:
	My child will make their own way home
	My child will be collected by one of the following people:
	1
	2
	3
	Signed (parent / adult with parental responsibility).
	Print Name:
	Relationship to child:
	Date: