



Worcester Guild of Bellringers

General information and consent form		
This form is to be completed by a parent or adult with parental responsibility.		
1	Name of Church and activity:	
	Worcester Cathedral Guild of Bellringers	
2	Full name of young person	
3	Date of birth	
4	Address and mobile phone number	
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.	
5.1	Please place a tick against any of the following which apply: He/she is allergic to paracetamol He/she allergic to aspirin He/she is allergic to plasters He/she suffer from travel sickness Any other allergies Any other details or information we should know	
6	Date of most recent anti-tetanus injection, if known:	
7	Name and contact details of responsible adult:	
	Telephone: Day Evening	
8	Name and contact details of alternative contact:	

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 Guild's leaders approved by the Cathedral Chief Operating Officer
	YES/NO
	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
	for photos or videos to be published on the Guild's or the Cathedral's social media, broadcast media and published media platforms. 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 ringing session
	I will be with my child
	My child will make their own way home
	My child will be collected by one of the following people:
	Two members of the Guild will be with your child until they are collected.
	Signed (parent or adult with parental responsibility).
	Print name
	Relationship to child:
	Date: