

Name & address of Church

**ONE BODY  
youth event  
at Southwell Minster  
SAT 8<sup>TH</sup> NOVEMBER  
4-8.30pm**

**EMERGENCY CONTACT NO. AT THE EVENT:** \_\_\_\_\_

**Please retain this part for your info and in case you need to contact us or your child on the day**

**Please complete this lower part, remove and send to \_\_\_\_\_ by**

I \_\_\_\_\_ (parent/guardian's name in block capitals)

give my permission for \_\_\_\_\_ (young person's name in block capitals)  
to attend the youth event at Southwell Minster on Sat 8<sup>th</sup> Nov 2008.

Please detail any recent illnesses, medical condition or allergies (incl. medicines) which s/he suffers from, and any medication your child may be taking, or any other dietary, BSL, interpreter, wheelchair access, other requirements s/he may have in the box. Thanks

Name and contact details of doctor

I am \*happy /not happy for photos and video to be taken of my child which I understand will only be used for the purposes of Diocesan Youth Events. I have made appropriate arrangements for him/her to get to and from Southwell Minster at the designated times. This health report is correct as far as I know. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalise or treat my son/daughter, including proper anaesthesia, injection or surgery. In an emergency I can be contacted on tel.

\_\_\_\_\_ or you can also contact \_\_\_\_\_

tel. \_\_\_\_\_ (alternative adult contact name in block capitals)

Signed \_\_\_\_\_ Date \_\_\_\_\_