



Name of Church: Calvary Christian Fellowship

Proposed Visit or Activity _____

Design your own form to include the following:

- Name of visit or activity
- Date
- Venue/destination
- Departure place and time
- Return place and time
- Cost (inc. cheques payable to)
- Transport arrangements
- Items to be brought (coat, swimming kit, packed lunch, money etc)
- Date by which reply is to be made, and person to whom it should be sent

Include as much information about the nature of the activity or residential trip as possible.

Include the reply slip on the next page in your form

Reply Slip

One form per person

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Parent/Carer: _____

Tel no: Day _____ Eve _____ Mobile _____

Contact Address (if different from above): _____

Name of GP: _____ Tel No: _____

Address: _____

NHS No: _____ Date of last anti-tetanus injection: _____

Details of any illness/disability: _____

Details of any medication required during the camp (all medication to be labelled correctly and clearly with name and dose needed each day)

Details of any allergies or special dietary requirements

CONSENT

I have read the above information and I give permission for _____ to take part in this activity.

I give my consent to any medical treatment that may be necessary in event of an emergency.

I enclose a cheque or cash to the sum of £ _____ : _____

Signed (parent/or adult with parental responsibility) _____

Date ____ / ____ / _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB This may not include a foster carer).

This form should be taken with the worker on the activity or visit. A photocopy should be kept securely at the church.