

Parental Consent Form (Residential Activity)

Activity Title:	Refine Weekend Away 2007
Activity Date(s):	Friday 2nd 7.00pm – Sunday 4th November 6.30pm
Activity Location:	Chellington Centre, Bedfordshire
Overview:	The purpose of the weekend is to instil community, faith, accountability... and fun! Amongst the activities, there will be late night outdoor activities and a ratio of 1 leader to 5 Refiners will maintained at all times. (Please see http://www.chellington.org.uk/welcome.htm for further information on the Chellington Centre).
What to Bring:	This 'Signed Parental Consent Form'; Sleeping bag / Blanket and Pillow; a cake to share and a Favourite Bread Spread; Wash things and Towel; Tea Towel; Warm Clothes; Shoes you don't mind getting wet and a change of 'not your best' clothes; Loo Roll; Torch; Bible; Music CD's; Instruments (if you play).
Travel Arrangements:	By minibus, meeting at Christ Church at 7.00pm Friday, returning 6.30pm Sunday.
Cost:	£35.

Section 1: Details of Child / Young Adult Under 18...

Name:			
Date of Birth:			
Address:			
		Post Code:	

Section 2: Details of Parent / Guardian...

Name:			
Address: (if different from Section 1)			
		Post Code:	
Contact Tel. Numbers: (during activity dates)	Daytime:		
	Evening:		
	Mobile:		

Section 3: Medical Information & Dietary Requirements...

Family Doctor Name:			
Family Doctor Address:			
		Post Code:	
Family Doctor Contact Tel. Numbers:	Office:		
	Emergency:		
Please provide details of any allergies affecting your son/daughter:			

Please provide details of any medication your son/daughter is currently taking. Please detail dosage and if the medication can be self-administered:	
Please provide details of any contagious or infectious illness or disease your son/daughter has suffered from in the past 3 months:	
Please provide details of any other illness that your son/daughter has suffered from recently:	
Please provide details of your son's / daughter's special dietary requirements:	

Section 4: Consent...
This section must be completed by a parent or legal guardian only...

In an emergency, if you cannot be contacted despite all reasonable attempts to do so, do you give your permission for your son/daughter to undergo emergency medical treatment including the use of anaesthetics if considered necessary by qualified medical staff? (Please tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide details of any activities included in the programme in which your son/daughter may <u>not</u> participate:	
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Please provide any other information that you think may be useful to us in caring for your son/daughter (e.g.: travel sickness):	
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"I am a parent or legal guardian of the child / young adult under 18 years old detailed in Section 1 of this form. I have read this form in its entirety. I give my permission for my son/daughter to take part in this activity. I understand the nature of the activities that will be undertaken and am aware of the travel arrangements. I understand that the organisers and leaders will take all reasonable care in looking after my son/daughter but I cannot and will not hold the organisers or leaders responsible for any loss, damage or injury suffered by my son/daughter during, or as a result of, the activity. I understand that if my son/daughter grossly misbehaves then the organisers and leaders may forbid them from further participation and require me to collect them at my expense. I agree to pay for any deliberate damage to property wilfully caused by my son/daughter."

"I enclose as payment for this residential activity."

Please make cheques made payable to:

Name (block capitals): _____

Date: _____

Signature: _____