

Permission Form



Event: SWITCH

Starting Time: 9am

Ending Time: 11am

Section A - Personal Details

First Name	Middle Name	Last Name
Address		
Mailing Address If Different		
Email address	Date Of Birth	
Daytime Phone	Age	
Evening Phone	Male / Female	
Mobile Number		
Emergency Contact Details		

Section B – Medical and Child Protection

Special Medical Needs (eg Asthma, Diabetes)
Special Dietary Requirements
Doctors Contact Details

Section C– Permission

Signature	Date
By signing; I understand that in the event of an emergency I have given permission for the youth leader to act in the safety interests of my child. I understand that every attempt will be made to contact me first before any decision is made regarding treatment or medication.	
I Understand images/videos of my child may be taken, and from time to time they may be used for promotional purposes. If you are unhappy with this, please tick here. <input type="checkbox"/>	