

Children's Church Activity Consent form

This form needs to be completed to enable your child to come along on the activity indicated below. A new form needs to be completed for the activity week session each month. Please complete a separate form for each child. The Christ Church website should have the up-to-date details about this month's activity, please check there for more information, www.christchurchware.co.uk or speak to a Children's Church leader. This form needs to be returned on the day of the activity, if your child comes without a form, they will not be able to join us. The money should be given in at this time too. Cheques can be made payable to Christ Church Ware. For many activities, we need accurate numbers so please ring Danny and Bex on (07792568421) to let them know whether your child is coming along. If your child uses a booster seat, please make sure they bring that with them too (if we are travelling by car!) If your child is in Bubbles (3-5) they will stay in the Church centre, if your child is under 7 then we will need a parent to come with them. We also need help with transport – please indicate below if you can help. Thank you, the Children's Church Team.

Activity: Nature walk around Lea Valley Park

Cost: Free

Date: Sunday 21 March 2010

Times: Meet at Christ Church at 10.15 (depart at 10.30) return 12.30-12.45

Name of Child:

Date of Birth:

Address:

Name of Parent / Carer:

Home Phone Number:

Mobile / Emergency Contact Number:

Name and Phone Number of GP:

Please give details of any medical condition your child has of which we need to be aware. (Including allergies) Please give any other information that may help us to care for your child. If you would like to speak confidentially about this, please speak to Danny Griffiths or Liz Dillon.

I give permission for my son / daughter to attend the Children's Church activity. I understand that I need to come with them if they are under 7. In the event of an emergency and, if I cannot be contacted, I give permission for my son/ daughter to receive emergency medical treatment.

Signed:

Date:

I can provide transport for this activity

Yes / No

I am CRB checked

Yes / No