

Permission to Participate Form

Please complete this form and return or bring with you on the day

Event

Date(s) of event.....

I give permission for to take part in the ringing at the above event.

I understand that he/she will be supervised by responsible adults at all times.

The named Child Protection Officer for this event is who is CRB cleared.

Signed
(Parent or carer)

Please supply two emergency telephone contacts for use in the unlikely event that we will need to contact you.

Name

Contact number

Name

Contact number

Are there any medical conditions we should be aware of in order to ensure his/her health and safety?

.....
.....
.....