

# Soul Survivor 2012

Name.....

Date of birth.....

Address.....

.....Postcode.....

Any medical needs.....

GP Details .....

.....

.....

Tel:.....

Any special dietary needs

.....

.....

.....

Emergency contact name & phone numbers

1.....

2.....

3.....

4.....

I give permission for ..... to go to Soul Survivor 2012 which includes travelling in vehicles driven by either the leaders or other suitable adults. I also give permission for the leaders of this group to authorise any medical treatment that may be necessary in an emergency including the use of anaesthetics.

Signature .....Print Name.....Date.....

Please can you also indicate if you are happy or not happy for your child to have their photograph taken and shown on the church website or at Church.

*I am happy/not happy for ..... to have their photograph taken and for it to be shown at Church or on their website.*

**Thanks** Andrew Rice, Claire Rice, Sean Schofield, Nena Yendell and Phil Yendell.