

AddressBrickfields House
15-16 Cheddars Lane
Cambridge CB5 8LD**Contact**01223 578304
office@citychurchcambridge.org.uk
www.citychurchcambridge.org.uk

CITY GROUP UNACCOMPANIED UNDER 18s: PARENTAL PERMISSION FORM

City Group: _____

Parents'/Carers' Full Names & Relationship to Youth

Name:	Relationship:
Name:	Relationship:

Contact Address:

Post Code

Telephone Numbers in case of emergency

Home:
Mob:

Any important information we need to know? (E.g. allergies, medical, disability, special need etc.)

--

I give my permission for my child/ren to attend this City Group. I understand that:

- The City Group Leader(s) will take all reasonable health and safety precautions and safeguarding precautions appropriate to the activity.
- In the event of injury or other medical incident, a DBS-checked City Group Leader will administer appropriate basic first aid, notify me, and if necessary accompany my child/ren to the nearest hospital.
- I have indicated on the registration form anything that may influence my child taking part safely in particular events, such as allergies, disability or any relevant conditions etc.

Signed: _____

Date: __ / __ / ____

How we will use this form:

All information that you give is kept confidential and is solely used for this term's City Group at City Church Cambridge.
At the end of the term this form will be securely destroyed.

City Church Cambridge

is a company limited by guarantee and
registered in England & Wales No:3741507
+
a registered charity No:1076291

Affiliations

Relational Mission
Newfrontiers
+
a member of the Evangelical Alliance.