



The Scottish
Episcopal Church
Welcomes You

**Dunfermline
Youth Fellowship (YF)
SPECIAL ACTIVITY FORM**



RESIDENTIAL EXCURSIONS - PARENTAL/CARER CONSENT

To be completed by Parent/Carer (1-30) and the Delegate (31-33) before being returned to **ANDREW WEDGE, 1b Cherrybank, Dunfermline. KY12 7RG.** (Please use block capitals).

- | | |
|-------------------------|---|
| 1. Excursion/Activity | Church Sleepover |
| 2. Destination Address | Holy Trinity Church, Dunfermline |
| 3. Destination Postcode | KY12 7JE |
| 4. Date(s) | 10th – 11th October 2015 |

5. Participant's Full Name

6. Date of Birth

7. Current Age

8. Is your child allergic to any medication/substance?

Yes No

If YES, please indicate allergy

9. Is your child currently undertaking medication?

Yes No

If YES, please detail medication, dosage and frequency



Dunfermline Holy Trinity is a member of the Diocese of St Andrews,
Dunkeld and Dunblane
Scottish Charity Number SC015181

10. Will medication be self-administered?

Yes No

(Please ensure your child draws to the attention of the group leader any changes to above medication which will operate on location).

11. Name of Doctor

12. Surgery Address

13. Telephone Contact

14. Has your child received a Tetanus injection in the last 5 years?

Yes No

15. Is your child prone to travel sickness?

Yes No

(If YES, please ensure you seek to provide medication appropriate to their needs.)

16. Does your child suffer from any medical or special needs condition which may affect their ability to participate in the excursion/activity?

Yes No

If YES, please detail e.g. epilepsy, incontinence, disablement, vertigo, sleepwalking, etc.

17. Has your child suffered from any infections/contagious disease within the last 3 months?

Yes No

If YES, please specify (Please advise the Party Leader if your child catches any infections/contagious - disease prior to the commencement of the activity.)



18. Does your child wear spectacles?

Yes No

19. Does your child wear contact lenses?

Yes No

20. Communication during excursion/activity - Emergency Contact Name

21. Parent/Carer home address

22. Daytime Contact Number

23. Evening Contact Number

24. Alternative Contact Number if unreachable

25. Swimming Ability

*My child is able to swim 50 meters (2 lengths of school pool) in deep water unaided.

YES NO

26. I give permission for photographs/videos to be taken and used in church, for inclusion in church magazine, online via the websites and Facebook groups of Holy Trinity Dunfermline and the Diocese.

YES NO

27. Within the planned programme (if supplied prior to the event) I do not consent to my child participating in the following activities (please detail)



28. Parental/Carer Acknowledgement/Consent

I consent to _____ participating in the excursion and I acknowledge receipt of information. I undertake to see that my child is provided with the required clothing/equipment and that the appropriate contribution is paid.

To the best of my knowledge my child is medically fit to participate in the activities involved. I undertake to notify the leadership team in the event of any relevant changes in fitness which may take place prior to the excursion.

I agree to my child receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities present.

I have explained to my child the expected standards of behavior for participation in an excursion and understand that if my child jeopardies their own safety or the safety of others through inappropriate behavior, they may be removed from the excursion and any additional costs incurred as a result of their actions may be recovered from me – the Parent/Carer.

29. NAME:

SIGNED:

30. DATE:

31. Delegate Declaration:

I _____ as a delegate of this group/activity/event agree to participate in the excursion and am, to the best of my knowledge medically fit to participate in the activities involved. I undertake to notify the leadership team in the event of any relevant changes in fitness which may take place prior to the excursion.

I agree to receive emergency medical/surgical/dental treatment as considered necessary by the medical authorities present.

I agree to the expected standards of behavior for participation in an excursion and understand that if I do not comply with any legitimate requests by the leaders for my own safety or the safety of others through inappropriate behavior, I may be removed from the excursion and any additional costs incurred as a result of their actions may be recovered.

32. Delegate NAME:

SIGNED:

33. DATE:

