

To make sure we have all your information correctly, please complete this, and bring it along when you next join us for an activity.



THE BUSY PROJECT

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ACTIVITIES PERMISSION FORM

Activity Details

Group/Activity:		Details:	
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Young Person's Details

Child's Name		DOB	/ /
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Address			
		Postcode:	

Family Contacts

Emergency Contact Name:	Phone Number:	Relation:
Secondary Emergency Contact Name:	Phone Number:	Relation:

The project sends out emails to those interested in relevant activities. Please include any addresses you would like to receive this information (parent / carer / young person etc). We will never use this for spam, and you are able to opt out at any point.

Email addresses	
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Medical information

Please note any relevant medical information here:

I give permission for my child to attend activities organised by the BUSY Project and those of related partner organisations. Medical information here is correct as far as I am aware. I give permission for first aid treatment to administered and should I be un-contactable, for an appointed activity leader to authorise urgent medical treatment.

Parent/Guardian or Carer Signature:		Date:	/ /
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If you object to photographs or video being taken of your child for publicity purposes, please cross this box

This is a YELLOW form, valid for BUSY Project activities until October 2010