

# Hounslow West Evangelical Church

22 Vicarage Farm Road, Hounslow, TW3 4NW

Contact Form for Child and Youth Activities

*Please complete using BLOCK capitals*

Full Name of Child or Young Person: .....

Address including Post Code: .....

.....Telephone Number:.....

Date of birth: .....

Please tell us who we should contact in the event of an emergency:

Their name: .....

Their Address: .....

Please give their home phone number: .....

Please give their mobile phone number: .....

What is their relationship to the child or young person?.....

***Please note that parents/carers are responsible for ensuring that their child returns home safely after the activity.***

Please tick the relevant box so that we know how your child will be returning home:

- I will collect him/her.
- I give permission for him/her to return home unaccompanied (only if over 8 years old).
- I give permission for..... who is over 12 years of age to collect him/her.

Does your child have any special dietary requirements? If so please give details:

.....

Please tell us about any allergies or medical conditions that we should be aware of:

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Is there anything else you wish to tell us about?

.....

Signed..... Date.....

*Please ask if you would like to see a copy of the Church's Child Protection Policy.*