

Permission to Ring Form

Church

Full name of child or young person

Date of birth

Address.....

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Name of parent or carer

Phone number Mobile

Email address

Child/young person's mobile

Are there any medical (eg diabetes, epilepsy) or dietary concerns that we should know about your child? (This will not preclude your child from ringing, but notification now will help in the event of a medical problem.) Please give any relevant details below or state "none":

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- I give my permission for the above-named child/young person to take part in the normal activities of the ringers.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for activities and outings lasting longer than the normal meeting times of the ringers.

Signature of parent or carer

Name of additional contact

Telephone for additional contact