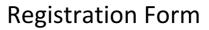
## Limitless (for ages 3-17 years)





Child/Youth Full Name		ate of birth		
Child/Youth Full Name		ate of birth		
Parent / Carer Name	Email Address			
Home Contact Number	Mobile Contact Number			
Home Address & Postcode	Alternative Contact Name & Nu	ımber		
Allergies/food - Please advise of any allergies; also any food r	estrictions.			
Medical Conditions - Is there anything that may require atten	tion during the session (Epilepsy	, Asthma, etc.)?		
Medication - is there any medication that may be required du	iring the session (Inhaler, Epi-per	n, etc.)?		
During the session we may take photos for use in promotion	al material or for display in chur	rch to show		
what we have been doing:			TICK or (	CROSS
If you are happy for your child/youth to be included in photos, please <b>TICK</b> the box.			ſ	1
If you DO NOT want them to be photographed, please put a <b>CROSS</b> in the box.			L	J
Can basic medical assistance be given by an appointed person (e.g. plasters or anti-bacterial wipes)?		YES /	NO	
If your child/youth is being collected, only people listed about	ve will be allowed to collect ther	m, unless you a	dvise other	wise.
Your details will only be used to contact you in the event of	an emergency, illness, if an item	is left behind, t	o inform yo	ou about
future dates. Your details are not passed to any third-parties	s. If your child/youth does not at	tend for 6 mon	ths, your de	etails
are shredded. If you prefer, you can ask for your form back b	pefore the 6-month period has e	nded.		
PLEASE DO NOT BRING ANYONE WHO I	S SUFFERING FROM ANY ILLNESS	S ON THE DAY.		
For more information em	ail limitless@estuaryelim.church	ı		
Parental consent:				
I give permission for those named on this form to take part in t I understand that separate permission will be sought for trips.	he normal activities of this group	).		
I understand that while involved, participants will be under th				-
church leadership and that, while the adults in charge of the		are, they canno	t necessari	ly be held
responsible for any loss, damage or injury suffered during, or a If there is a medical emergency, I give permission for trea		the emergency	, services d	rontacted
Every effort will be made to contact me as soon as possible in t		the emergency	, services (	.ontacteu.
Signed: Print name:	E	Date:		
(parent/adult with parental responsibility)				

## Note for parents:

Group leaders and helpers are all DBS checked for safeguarding purposes.

The Children Act 1989 allows a doctor to provide any necessary treatment by doing "what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare".