



SATELLITES PERMISSION FORM

YOUNG PERSON'S DETAILS

NAME:

DATE OF BIRTH:

ADDRESS:

MOBILE NUMBER:

ALLERGIES/DIETARY REQUIREMENTS:

MEDICATION:

Please give details of any medication that your child is taking, how often, any storage requirements and whether they require assistance in taking this medication

ANY OTHER INFORMATION YOU THINK WE SHOULD BE AWARE OF:

PARENT/GUARDIAN'S DETAILS

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

MOBILE NUMBER:

By signing this consent form, you are giving permission for your child to attend Satellites with the church or youth group that provided this form and that you have read the Satellites Terms and Conditions (see website)

SIGNED:

DATE:

EMERGENCY CONTACT INFO

NAME:

RELATIONSHIP TO
YOUNG PERSON:

PHONE NUMBER 1:

PHONE NUMBER 2: