

Soul Survivor Medical Details – Part One

Delegate Name:

Delegate Address including Postcode:

Details of who to contact in an emergency (please supply name and contact number(s))

Medical Information and details of medication:

Name and address of GP:

Soul Survivor – Part Two

Parental Consent (to be completed by Parent/Carer with Parental Responsibility) Not required for delegates age 18+

I give permission for my son/daughter to take part in Soul Survivor with River of Life Church and I understand the nature of the activities that will be undertaken and the travel arrangements.

I understand that the leaders will take all reasonable care in looking after my son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter during, or as a result of, this trip.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signed:

Date: