



Permission to Ring Away from Home Tower

Event/activity:	Date:
Event/activity details: (to include venues, times and transport arrangements)	
Organiser and contact details:	
Contact details during the event/activity:	

Please keep this section for your own information, and detach and return the section below.

Note: All activities will be run in accordance with The Kent County Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and the Association does not provide any insurance cover in respect to such items.

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Please complete and return this section

Name of young person:	D.o.B:
Young person's mobile phone number:	
Event:	
Emergency contact:	Phone:
<u>Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this activity:</u>	<u>Details of any current medical concerns, with medication and GP detail as appropriate:</u>

I give my permission for the above-named young person to take part in this event/activity. I understand what is involved and I am aware of the hazards present. I give permission for photographs to be taken for use in tower, District and KCACR publications and websites.

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the person in charge to sign any document required by the hospital authorities.

Signed:	Date:
Relationship to young person:	