



**West Wight Timebank is a community project
that operates under Action 4 Support CIC
CARER/GUARDIAN PERMISSION FORM**

To be completed by Carer/Guardian

Name of Carer/Guardian _____

Address:

Phone number: _____

Name of person taking part in WWTB activity

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West Wight Timebank, Lavender Cottage, Main Road, Newbridge, Isle Of Wight,
PO41 0TX

Tel: 07872 304 294 Email: info@wwtb.org

Website: <http://action4support.co.uk>

Action 4 Support CIC Company Number: 11307451





Does the person named above have any medical conditions or known allergies?

Does the person have any special needs, disabilities or learning difficulties?

I agree to _____ taking part in the WWTB activity and I take full responsibility for my child.

I understand that the West Wight Timebank will not be liable for any accidents or injuries to me child, however they may be caused.

Signature: _____

Print Name: _____

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Date: _____/_____/_____

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