

Registration and Consent Form for under 18's

Name of church

Group attended

Full name of child/young person

Name by which child/young person chooses to be known

Address

..... Postcode:

Telephone number(s): Date of birth / /

With whom does the child/young person live?

Relationship to child/young person:

Who has parental responsibility for the child/young person?

Name:	Name:
Address (if different from above):	Address (if different from above):
.....
.....
Postcode:	Postcode:
Telephone no(s):	Telephone no(s):

Additional contact: Name:

Telephone number(s): Relationship to child/young person:

Medical information

Child's/young person's registered GP: Name

Address:

..... Telephone no:

(now turn to 2nd page)

Medical information (continued)

Please state date of last anti-tetanus injection (if known) / /

Whilst in our care it is important we know whether your child:

- suffers from any allergies:
- is on any medication:
- has any health condition or disability that we should know about:

Declaration

I give permission for my son/daughter to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic:

Yes No (Please tick)

Signed (parent or adult with parental responsibility) Date / /

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).