



Registration and Consent: Children and Vulnerable Adults

Church Groups (including Bell Ringing), Day Visits, Camps, Residential Holidays

(to be completed as appropriate by the adult, or parent/carer of the child, annually for church groups)

Dear Parents / Guardians,

To keep our records correct please could we ask you to fill in the form below for your child, which we will keep confidentially, for reference and in case of an emergency. At some events the church may take photographs / videos which may include your son / daughter. These photographs may be used in publicity. All pictures used will be done so in a sensitive way.

Thank you

Name of Church..... Name of Group /Activity.....

Family contact details:

Adult/Child's full name.....Date of birth

Full name of parent/guardian.....

Home address.....

Home Tel No..... Parent's/guardian's mobile

Parent's/guardian's e-mail.....

Family doctor

School..... School year

About you/your child:

Do you/Does your child have any food allergies? (please specify).....

Do you/Does your child have any medical conditions? (please specify).....

Are you/is your child on any medication? (please specify).....

NHS No:.....

Details of last anti-tetanus injection.....(Day Visits, Camps, Res Hols)

Does your child have any special needs? (please specify)

.....

Is there anything else you would like us to know about you/your child?

.....

Emergency contact details for parents/guardians:

Contact tel. no during group or activity time:

Contact name for carer/ an alternative adult in case of emergencies:

Tel no Relationship to you/your child

Arrangements for collection: church groups *(please delete as appropriate)*

I/My child will be brought and collected from the group **Yes/No**

I/my child/will be collected by.....Relationship to you/your child.....

Name of anyone **NOT** allowed to collect my child

Relationship to child.....

My child has permission to travel to and from the group without me (*children over 11years*) **Yes/No**

Declaration

I give permission for..... (child) to attend and take part in the specified activities.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment including an anaesthetic.

(Day Visits, Camps, Res Hols only)

Signed (adult/parent/guardian) **Date**

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).