

Longcroft Church Registration and Consent Forms for Under---18s



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):

Email address..... Email address.....

Additional contact: Name:

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

Email address.....

Medical information

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

Address:

..... Telephone no:

Medical information (continued)

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.
- I give permission for my son/daughter to have photographs taken during the general course of the group and for these to be used only by Longcroft Church for marketing purposes.
Yes / No
- 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**

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).