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)

**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)

**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).***