

**Registration and Consent Form for Under 18s  
and Vulnerable Adults**

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

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)

...parents/carers are responsible for collecting their children at the end of each session.

**Photographs**

It is possible that members may appear in photographs of activities that will be used for publicity purposes (local newspaper, church web site etc). Care will be taken to ensure that addresses of individuals are not given but if you would prefer your child not to be included in such photographs please sign below;

\_\_\_\_\_

If individuals indicate they do not wish to appear in any publicity, that wish will be respected.