

Registration Record for Activities

To be completed annually for all children and young people attending a church-related group or activity and/or event.

Activity

Family Contact Details

Child's Full Name.....Date of Birth.....

Full name of parent/guardian:

Home Address:.....

Home Tel/Mobile number Home email:.....

School School year Group..... Church Group:

About your Child

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know, e.g. does your child have any special needs?

- Does your child have any food allergies? (please specify)
 - Does your child have any medical conditions? (please specify).....
 - Is s/he on medication? (please specify)
 - Does s/he have any special needs? (please specify)
 - Is there anything else you would like us to know about your child?.....
 - Family doctor's name, address and telephone number
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Emergency Contact details for parents/guardians

Contact telephone number during group or activity time:

Contact name for an alternative adult in case of emergencies:

Relationship to Child:

Arrangements for Collection *(please delete as appropriate)*

My child will be brought and collected from the group Yes/No *(Please delete as applicable)*

S/he will be collected by Relationship to child

Name of anyone NOT allowed to collect my child *(if applicable)*

My child has my permission to travel to and from the group unaccompanied Yes/No

Declaration

I give permission for my child to attend the above group and take part in the specified activities.

Signed (Parent/Guardian) Date