

The Parishes of Hunston and Mundham Registration and Consent Form

For all children and young people attending our church groups and activities

Child's Details

Full name name they're known by.....

Address.....

.....

Post Code.....Landline phone.....

Date of Birth

School School Year Group

Whilst your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias, or is on any medication. Is there anything else you would like us to know?

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Family doctor's name, address and telephone number

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Parent or Guardian's Details and Consent

Your name

Mobile phone (please specify whose).....

Email

If unavailable, in an emergency contact.:

Tel..... Relationship to child

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

I consent to photos / videos to be taken of my child, given that names of children are never published either on paper or online. Yes/No

I agree to my child attending the above group and taking part in the specified activities. I understand that all information given on this form will remain confidential to the youth leaders.

Signed **Date**