



Registration and Consent Form for Under 18's

Mission Community:

Group attended:

Full name of child/young person:

Name child/YP known by:

Date of birth: /.... /....

Address with post code:

.....

.....

.....

Telephone number:

With whom does this person live:

Relationship to child/YP:

Who has parental responsibility for the child/young person?

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone (home):	Telephone (home):
Mobile:	Mobile:

Additional Contact: Name:

Telephone number:

Relationship to child/YP:

Child/YP's registered GP:

(name, address and

telephone number)

Date of last anti-tetanus (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

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

I give my 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 outing 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.... /.... /....