**Registration and Consent: Children and Vulnerable Adults**

**St Andrew’s Church, Buckland Monachorum**

Stax (annual) Light Party

Youth (Socials & ‘Fuel’, annual) Weekend Away

Dangerous Club (annual) Other .

**Youth/Children’s Activity:**

**Family contact details:**

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 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 (if known) …………………

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: …..................................................……………………..

Contact name for carer/alternative adult in case of emergencies: ..............................................

Tel no .................................... Relationship to you/your child ............................................................ **Arrangements for collection**

I/my child/will be collected by..................................................Relationship to you/your child.............

Name of anyone **NOT** allowed to collect my child ......................Relationship to child........................

**Declaration**

I give permission for………………………. (child) to attend the club/event named above.

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 anesthetic.

**Signed (adult/parent/guardian) ………………………………… Date ……….....…………………..**