

# Personal Registration and Consent Form

## Children and Vulnerable Adults

This template can be amended for use by Church Groups for such activities as Day Visits, Camps and Holiday Clubs.

This template can also be amended for use as a registration form for adults or used as a registration and consent form for children and vulnerable adults.

A new form should be completed annually for each participant.

Insert Name of Church

Insert Name of Group/Activity

Insert Description of the activities involved/specific activity this form relates to

### Child's/Adult Details

First Name		Surname	
Date of Birth		School Name* (*For children)	
Home Address		Family Doctor (Name & Address)	
Phone Number		Email Address	

Do you/Does your child have any food allergies or dietary needs? *If yes – please give details:	No <input type="checkbox"/>	Yes* <input type="checkbox"/>
Do you/Does your child have any medical conditions? *If yes – please give details:	No <input type="checkbox"/>	Yes* <input type="checkbox"/>
Are you/Is your child taking any medication? *If yes – please give details:	No <input type="checkbox"/>	Yes* <input type="checkbox"/>
Do you/Does your child have any special needs? (Including Special Educational Needs, Disabilities or any other special requirements) *If yes – please give details:	No <input type="checkbox"/>	Yes* <input type="checkbox"/>
Is there anything else you would like us to know about you/your child? *If yes – please give details:	No <input type="checkbox"/>	Yes* <input type="checkbox"/>

### Parent/Guardian/Carer Details

First Name		Surname	
Home Address		Phone Number	
Email Address		Mobile Phone Number	

### Emergency Contact Details

Full Name		Relationship to Child/Adult	
Address		Phone Number	
		Mobile Phone Number	

Full Name		Relationship to Child/Adult	
Address		Phone Number	
		Mobile Phone Number	

### Arrangements for Collection (Children only)

*(please delete as appropriate)*

My child **will/will not** be brought to and collected from the group.

My child will be collected by insert name & relationship to your child

My child has permission to travel to and from the group without me. **Yes**  **No**

### Declaration

I give permission for child's name to attend and take part in the activities specified 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 medical treatment from a doctor, hospital or dentist, including an anaesthetic.

Full Name		Date	
Signature			