

Appendix C(i)

St Thomas . Penny Street . Lancaster

Worshipping God together and at home, we serve and proclaim Jesus wherever we are.

Parental / Carer Registration & Consent Form for Children & Youth Group Meetings (including for off-site visits) during normal meeting times & not requiring transport

Please complete this form in full and return it to Sarah Evans, Clare Johnston or the group leader

<i>Please tick the groups your child will attend during the academic year 2010 – 2011</i>	Junior Church groups	Midweek groups
	<input type="checkbox"/> Ladybirds (1-2) <input type="checkbox"/> Buzzy Bees (3-4) <input type="checkbox"/> Freckled Frogs (R-Y1) <input type="checkbox"/> Cool Camels (Y2-Y3) <input type="checkbox"/> Baarnbas (Y4-Y6)	<input type="checkbox"/> Fusion (Y4-Y6) <input type="checkbox"/> Judah <i>Children come to Little Fishes and Messy Church with their parents or carers – those groups have a separate registration system.</i>
SECTION A – YOUR CHILD'S DETAILS		
Your child's name	_____	
Child's date of birth	_____	
Their home address	_____ _____	
Postcode	_____	Home tel. no. _____
School Year	_____ School/Nursery _____	
SECTION B – YOUR DETAILS		
Your name(s) as parents/guardians	_____ _____	
Your relationship to the child	_____	
Mobile no.	_____	Work no. _____

1. DETAILS OF GROUP

The activities planned for the period from **September 2010** to **July 2011** (*not more than 12 calendar months*) may necessitate the group being taken outside the regular meeting place, but within walking distance and during normal meeting times.

I agree to my son/daughter/ward named above, who is aged 17 or younger taking part in such activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.

2. EMERGENCY DETAILS

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the no(s) given on page 1, or the following no(s)

My address (if different to child's) _____

c) Please state an alternative contact point

Name of contact _____

Address of contact _____

Telephone no(s) _____

d) Family Doctor (name) _____ Doctor's phone no _____

Doctor's surgery address _____

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions? *Cross out the YES or NO which does not apply*

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details _____

Does your child suffer from any other condition requiring medical treatment, including medication? Yes/no

If YES, please provide details _____

Is your child allergic or sensitive to any medication (eg penicillin) insect bites, food, plasters or anything else? Yes/no

If YES, please provide details _____

Has your child been immunised against Tetanus (lock jaw)? Yes/no

If YES to tetanus, please give date (if known) _____

Is your child taking any form of medication on a regular basis? Yes/no

If YES, please give full details, indicating the type of medication and dosage.

Do you give your consent to this medication being administered to your child? Yes/no

Please ensure that you supply adequate supplies of medication and dosage to the person in charge,

Does your child have any special dietary needs? _____

Is there anything else the group leaders should be aware of, eg any special educational needs, family circumstances etc?

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser, I also understand that any extension of insurance cover is my responsibility.

5. DECLARATION

I consent to my child, named on this form, taking part in such activities and declare my child to be in good health and physically able to participate in all activities.

I am happy for photographs of my child to be used within Parish and/or Diocesan publicity or publications.

I am aware of the levels of insurance cover.

I am aware that I am responsible for the arrival and collection of my child at the group meeting times.

I will ensure that any change in the circumstances will be notified to the organiser.

Signature of Parent / Carer _____ Date _____

Name in block letters _____