

Parental / Carer Registration & Consent Form for Children's Group Meetings

Please complete this form **in full** and return it to
Emma Dixon, Sarah Evans or your child's group leader

<p>Please tick any groups your child is likely to attend during the academic year 2017-18</p>	<p>9am Junior Church</p> <p><input type="checkbox"/> Sparklers (age1-4)</p> <p><input type="checkbox"/> Explorers (R-Y6)</p>	<p>11am Junior Church</p> <p><input type="checkbox"/> Ladybirds (1-2)</p> <p><input type="checkbox"/> Buzzy Bees (3-4)</p> <p><input type="checkbox"/> Freckled Frogs (R-Y1)</p> <p><input type="checkbox"/> Cool Camels (Y2-Y3)</p> <p><input type="checkbox"/> Impact (Y4-Y6)</p>	<p>Midweek groups</p> <p><input type="checkbox"/> Refresh (Y4-Y6)</p> <p><input type="checkbox"/> Judah music group</p>
<p>SECTION A – YOUR CHILD'S DETAILS</p> <p>Child's full name _____</p> <p>Child's date of birth _____</p> <p>Their home address _____</p> <p>Postcode _____ Home tel. no _____</p> <p>School Year _____ School/Nursery _____</p>			
<p>SECTION B – YOUR DETAILS</p> <p>Your name(s) as parents/carers _____</p> <p>Your relationship to the child _____</p> <p>Mobile no. _____ Mobile no. _____</p> <p>We regularly use email to communicate with parents/carers about the Children's and Families' ministry. Please clearly write the email address/es you would like this information to come to: _____</p>			

This year, the details you provide on this form will be added to our church suite database. This information will only be available to the staff members and volunteer leaders who have access to this paper form, and will be kept confidential. This is to enable you to use church suite to keep your child's details up to date, and for online registration for other children's events during the year.

1. DETAILS OF GROUP

The activities planned for the period from **September 2017** to **September 2018** may occasionally involve outdoor activities on the church premises during normal meeting times.

I agree to my son/daughter/ward named above, who is aged 11 or younger taking part in group 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 emergency contact point (*this **must not** be someone already named on this form as a parent or carer, we need an alternative in case you cannot be contacted*)

Name of contact _____

Relationship to child _____

Telephone no(s) _____

d) Family Doctor (name) _____

Doctor's phone no _____ Doctor's surgery _____

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

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 _____

Is your child taking any form of medication on a regular basis? *Continued overleaf*

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 correct supplies of medication and dosage to the leader 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? *Please give details below, continuing on the next page if needed.*

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 group activities and declare my child to be in good health and physically able to participate in all activities, other than what I have already declared.

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 consent to my child returning to church unaccompanied after Impact sessions. (*Years 4-6 at 11am only*).

Photos of children (unnamed) may be used for St Thomas's Church communication purposes from time to time, including the church website. *Please inform Emma and Sarah on the next page, on children@st.tees.org.uk or on 590418 if there are specific types of publicity you do not consent to your child's photo being used for (ie website, fliers etc).*

Tick here if you **do not** consent to photos of your child being used **at all**

I consent to my child's nappy being changed by a leader of this group.

I consent to my child being assisted in toileting where necessary and when requested.

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

Signature of Parent / Carer _____ Date _____

Name in block letters _____