



Safe to Grow

2017-2018

Registration and consent form for under 18s

Child / Young Person's Information

Group attending: Hy-Powered

Full name of child/young person: _____

Name child/young person chooses to be known by: _____ Date of birth: _____

Address of child/young person: _____

_____ Post code: _____

Phone no. of child/ young person (Home): _____ (Mobile): _____

Parent / Guardian Information

At least one of the contacts listed below must be someone with parental responsibility for the child/young person named above. All contacts listed should be people we can contact in the case of an emergency.

We will sometimes contact parents/guardians with information for the child/young person.

Who has parental responsibility for the child / young person?

Name: _____

Name: _____

Address (if different from above)

Address (if different from above)

_____ Post Code _____

_____ Post Code _____

Telephone number(s) _____

Telephone number(s) _____

Email address: _____

Email address: _____

Name of additional contact(s) for use in the event of not being able to contact parent/guardian named above:

1. Name: _____ Tel: _____ Mobile: _____

Relationship to child/young person _____

2. Name: _____ Tel: _____ Mobile: _____

Relationship to child/young person _____

continued overleaf

Child / Young Person's Medical Information

Name of child/young person's registered GP: _____

GP/surgery address: _____

GP/surgery telephone number: _____

Date of last anti-tetanus injection (if known): _____

Whilst in our care it is important that we know whether your child/young person:

- Suffers from any allergies YES/NO details: _____
- Is on any medication YES/NO details: _____
- Has a health condition or disability that we should be aware of: YES/NO
details: _____

Parent / Guardian Declaration

Please note that this declaration can only be signed by those with parental responsibility for the child / young person named overleaf (this does not include a foster carer).

- I give permission for my child/young person to take part in the normal activities of the group. I understand that separate permission will be sought for certain activities, particularly outings lasting longer than the normal meet times of the group.
- I agree that when a group has finished my child/young person is no longer the responsibility of Hope Baptist Church.
- I give permission to Hope Baptist Church to keep and use photographs/video of my child/young person for Youth and Children's Work purposes. Yes No
- In an emergency and/or if I cannot be contacted, I agree for my child/young person to receive necessary hospital or dental treatment, including an anaesthetic. **(Please✓)** Yes No

Any additional information: _____

Please PRINT name: _____

Signed: _____ Date: _____
(Parent or adult with parental responsibility)

The information on this form will be treated in confidence.