

St Peter's Junior Church and Tots Consent/Registration Form

Child's Details

Full Name _____ Date of Birth _____

Parent/Guardian Contact Details

Name of Parent(s)/Guardian(s) _____

Home Address _____

Phone _____

Email Address _____

Medical Information (if yes, please give details)

Does your child suffer from any on-going or recurring illness or disability?

Does (s)he take any regular medication? _____

Any allergies or dietary requirements? _____

Any additional needs or individual support required? _____

Name of your registered GP/Practice _____

Do you consent to photos being taken of your child for church publicity? (please circle) Yes / No

I give permission for my child to attend St Peter's Junior Church/Tots.

In the event of an emergency when the parent/guardian is not present - If it becomes necessary for my child to be given urgent medical treatment, and I cannot be contacted by any reasonable means to authorise this, I give my general consent to any medical treatment, judged to be necessary and urgent, by the leader, nominated first aider or by a medical practitioner. I authorise the leader in charge to sign any document required by hospital or other authorities. I understand that every effort will be made to contact me as soon as possible.

By signing this form I also accept that this information will be kept by St Peter's Church. It will only be viewed by necessary adults e.g. Junior Church Leaders, and only used if necessary for the wellbeing of the child.

Signed _____ Name _____ Date _____