Model Registration Form – Activities and Trips

Children and Vulnerable Adults

**Church Groups and Activities (including Bell Ringing), Day Visits, Camps, Residential Holidays**

**(**to be completed as appropriate by the adult, or parent/carer of the child, annually for church groups)

**Name of Church:** ……………………………………………………………………………………….

Name of Group /Activity: ………………………………………………………………………………..

**Family contact details:**

Adult/Child’s full name……….………………………………………… Date of birth ......./........./........

Full name of parent/guardian..............................................................................................................

Home address…………………………...…………………………………Home Tel No…….................. Parent’s/guardian’s mobile ……………...............…Parent’s/guardian’s e-mail………………………..

Family doctor ..................................School................................................. School year …...............

 **About you/your child:**

Do you/does your child have any food allergies? (please specify......................................................

Do you/does your child have any medical conditions? (please specify):...........................................

Are you/is your child on any medication? (please specify): …............................................................

NHS No: …………….. Details of last anti-tetanus injection…………………(Day Visits, Camps, Res Hols)

Does your child have any special needs? (please specify):……………………………………………...

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Is there anything else you would like us to know about you/your child?.............................................

………………………………………………………………………………………………………………………………………….

 **Emergency contact details for parents/guardians:**

Contact tel. no during group or activity time: …..................................................……………………..

Contact name for carer/ an alternative adult in case of emergencies: ..............................................

Tel no .................................... Relationship to you/your child ............................................................

 **Arrangements for collection: church groups /activities** *(please delete as appropriate)*

I/my child will be brought and collected from the group **Yes/No**

I/my child/will be collected by..................................................Relationship to you/your child.............

Name of anyone **NOT** allowed to collect my child: .............................................................................

Relationship to child: ..........................................................................................................................

My child has permission to travel to and from the group without me (*children over 11years)* **Yes/No**

**Declaration**

I give permission for………………………. (child) to attend and take part in the specified activities.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my

child to receive doctor, hospital or dental treatment including an anaesthetic.(Day Visits, Camps, Res Hols)

**Signed (adult/parent/guardian) ………………………………… Date ……….....…………………..**

***The information requested on this form can be completed by a carer, but only those with***

***parental responsibility can sign the consent (NB: This may not include a foster carer).***