

CONSENT

Medical treatment

In the event of illness or an accident requiring emergency medical treatment, I authorise the leader(s) to give consent to treatment.

Y N

Photographs

Please indicate below whether you give your consent for the church to take and use photographs and videos on:

Internal use, including leaflets & displays Y N

Print media, including newspapers Y N

The church website Y N

Social media Y N

By signing below I agree that my child may take part in activities organised by St Mary's Sunday Club including any organised trips. I also understand that while involved, he/she will be under the control and care of the group leader, and/or other adults approved by the PCC and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Signed _____

Date: _____

Print Name: _____

ST MARY'S CHURCH, GOUDHURST SUNDAY CLUB

REGISTRATION & INFORMATION FORM

Parents/Guardians – please complete the following information, to help us give your child the best support during their time in Sunday Club. This information will be held in our church records and only accessed by group and church leaders in case of emergency and for registration purposes.

PERSONAL DETAILS

Full Name of Child, including the name they like to be called by:

Date of Birth:

School attended:

Home Address:

Name of Parents/Guardian:

Telephone Home:

Mobile:

Email:

MEDICAL DETAILS

Name & Address of Doctor:

SUPPORT NEEDS

We want your child to have the best possible time in Sunday Club. Is there anything we should know that would help them to settle in, participate and enjoy the time together?

This might include specific support needs, personal characteristics or those little things that will make their life easier.

If the answer to any of the following questions is YES please give details below:

Has the above named child ever been actively sensitive to Penicillin?

Y N

Does he/she have any allergies?

Y N

Does he/she carry any medication that needs to be taken regularly?

Y N

Does he/she suffer from a condition or illness requiring regular treatment?

Y N

Please share any relevant details about any medical needs: