

**Registration and Consent:
Benefice of Shrivenham Sunday School**

**Parishes of Shrivenham, Watchfield and Bourton, Ashbury, Longcot and Fernham and
Compton Beauchamp**

Family contact details:

Child's full name.....Date of birth

Full name of parent/guardian.....

Home address.....Home Tel No.....

Parent's/guardian's mobileParent's/guardian's e-mail.....

Family doctorSchool..... School year

About your child:

Does your child have any food allergies? (please specify).....

Does your child have any medical conditions? (please specify).....

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).....

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

Arrangements for collection:

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

My child will be collected by.....Relationship to your child.....

Name of anyone **NOT** allowed to collect my childRelationship 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 (parent/guardian) Date

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