CHILD REGISTRATION FORM

|  |  |
| --- | --- |
| FILLING THE GAP | REPLACE WITH EVENT DATE |
| **REPLACE WITH YOUR PROJECT NAME** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child |  | | Date of Birth | |  |
| Address |  | | | | |
| Details of any medications required during the sessions *(please label with name and dosage)* |  | | | | |
| Details of any allergies |  | | | | |
| GP Surgery |  | | | | |
| NHS Number |  | Date of last Tetanus | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Parent/Carer |  | | | | |
| Address if different |  | | | | |
| Phone Numbers: Day |  | Evening |  | Mobile |  |

**Notes:**

In the event of emergency, every effort will be made to contact the parent/carer named

The information on this form can be completed by a carer however only those with parental responsibility can sign the consent section.

This form will be kept securely for the duration of the “FILLING THE GAP” event and then subsequently destroyed.

**Consent**

I give permission for the child named on this form to take part in the “FILLING THE GAP” event listed. I understand that some activities may take place outdoors subject to weather conditions, which may involve a short walk from the centre.

I give my consent to any medical treatment that may be necessary in the case of emergency

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | One registration form per child |  |