



REGISTRATION FORM FOR CHILDREN AND YOUNG PEOPLE 2017/18

1. DETAILS OF CHILD / YOUNG PERSON

Full Name		D.O.B	
		Gender	
Address			
Borough You Live In <small>(Usually who you pay council tax too)</small>		Young Person's Mobile Number <small>(If School Years 6+)*</small>	
School		School Year	

2. PARENTS/GUARDIANS (PG) DETAILS

Address (if different to above)

Name		
Telephone		
Mobile		
PG's Email		

3. ANOTHER CLOSE FRIEND/RELATIVE (in case of emergency)

Relationship to Child / Young Person

Name			
Telephone		Mobile	

4. MEDICAL INFORMATION (if answering Yes please give details – please use additional sheet/s if necessary)

Does s/he suffer from any ongoing or recurring illness?	
Does s/he take any regular medication? If YES is s/he allowed to self administer? <i>We do not administer any prescribed medication, without written consent. Inhalers/epipens/anti-allergy medication must always be with the child, if at risk.</i>	
I give permission for my child to receive paracetamol/lempip if needed according to the instructions on the medication from a first aider.	
Any known allergies?	
Any phobias or disabilities?	
Has s/he been immunised against tetanus within the last 10 years?	
Any special dietary requirements?	
Any other information we should know?	

5. CHILD / YOUNG PERSONS DOCTORS INFORMATION

Address

Name		
Surgery		
Telephone		

Statement of consent to be signed by Parent/Guardian.

I give permission for my child as named overleaf to attend children & youth groups organised by Christ Church Chislehurst. This includes all onsite activities in the Church building or Church Centre building.

My child must remain in the group for the duration of the session: YES / NO

Circle The Appropriate Statement

My child can leave the group on their own.
I accept that the group leaders are not responsible when my child leaves the groups and/or premises before or at the end of the session.

or

My child cannot be released from group and/or premises without an individual listed below.

Please list all those who you consent to collecting your child:

If it becomes necessary for my child to be given urgent medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities.

Due to the nature of children's and youth work we sometimes wish to take photographs/videos of the various activities taking place. These photos may be displayed on the Church notice board, on 'in house' publicity, the Church website and Church and Youth social media. If you would prefer that any photos/videos of your child were **NOT** used for this purpose please tick this box.

Sometimes, we will go out into the community for different activities. We will only do so if we have an appropriate ratio of young people and leaders. If you do not allow your child to join us please tick here

For those whose child is in school years 6 - 13

Young people use technology and social media as a means of communication and information gathering. We use this tool to advertise events, and generally communicate with young people. We will only contact your young person between the hours of 9am and 9pm (except in unavoidable situations). We have strict guidelines on this which are available on request.

Therefore I agree for my child to be contacted by the Youth Work Team for the purpose of activities approved by the PCC via the following options: Facebook (including Messenger), Instagram (including Direct Messenger), WhatsApp, Email, Text Message and Telephone. Our Facebook and Instagram (if age 13+) pages are for communication between the youth work team, and the young person only. On occasion we may post things to your child. Please specify which of these, if any, you **do not** wish your child to be contacted by:

I agree to inform the group leaders of any changes to the information on this form.

Signed _____ **Date** _____

Print name _____

NB. We take child protection issues very seriously and any concerns should be raised with Cathyrn Johnston (Safeguarding Lead), Renate Tulloh (Safeguarding Deputy), or the Group Leader.

This above information will be stored on a password protected computer database and in a locked office, for the sole purpose of running the Christ Church children and youth events. It will not be used for any other purpose.