

Date of activity	
Location of activity	
Type of activity	

**Child/Young Person's Details**

Name:	
Home Address:	
	Postcode:
Telephone Number:	Email:
Date of Birth:	

**Parent or Carer's details**

Name:	
Home Address:	
	Postcode:
Telephone Number:	Email:
Mobile Number:	

**Contact in case of emergency (if different from above)**

Name:	
Home Address:	
	Postcode:
Telephone Number:	Email:
Relationship to child:	

**Child's medical details**

GP:	
Address:	
	Postcode:
Telephone Number:	Email:

**Any additional support needs**

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**Any medical conditions or allergies that we need to know about (please provide details of the condition and any medication needed)**

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**Is there anything else you think we should know?**

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**Going Home:** Please indicate below whether your child will be collected or will make their own way home. Please note that we cannot take any responsibility for your child once they have left the choir vestry after the Sunday morning service

My child will be collected:

- Friday Evening
- Sunday Morning

My child will make their own way home:

- Friday Evening
- Sunday Morning

We aim to provide a safe and enjoyable experience for every child and young person to help us do that please note the following important information:

- The consent form must be completed and signed by the person with parental responsibility before any child takes part in the activity.
- Parents/Carers must notify us of any changes to the information given on this form
- Parents/Carers must make arrangements for the child to be brought to the activity safely and on time. If you are not able to collect your child please let us know in advance who will be doing so.
- St Margaret's cannot take responsibility for any damaged clothing and/or personal items during the activity
- Parents/Carers should ensure children have sufficient water, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

I agree to (please tick)

- My child taking part in the stated activity
- St Margaret's church keeping a record of this form for health and safety reasons
- Any medical treatment that my child may need being given in an emergency
- My child being filmed or photographed during the activity, with the possibility that these photographs/media recordings may be used for publications or marketing publicity.

I understand that my child needs to follow the behaviour code and any safety rules so that St Margaret's can keep them and other children safe.

Name of Parent/Carer.....

Signature.....

Date.....