

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