

## ANNUAL REGISTRATION AND MEDICAL INFORMATION FORM

**Parents / Guardians - please read and complete BOTH sides.**

Please indicate the group that your child will be attending this year

NAME OF GROUP: \_\_\_\_\_

Full name of child: \_\_\_\_\_

Home address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School \_\_\_\_\_ School Year: \_\_\_\_\_

### MEDICAL DETAILS OF CHILD

Doctor's name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Surgery Tel. No. \_\_\_\_\_

National Health Number: \_\_\_\_\_

Date of last anti-tetanus injection (if known): \_\_\_\_\_

If the answer to any of the following questions is **YES**, please give **FULL** details overleaf:

(please circle appropriate answer)

- |  |            |           |
|--|------------|-----------|
| 1. Has the above named child ever been actively sensitive to Penicillin?       | <b>YES</b> | <b>NO</b> |
| 2. Does he/she suffer from any allergy, including food allergies?              | <b>YES</b> | <b>NO</b> |
| 3. Does he/she carry any medicine that needs to be taken regularly?            | <b>YES</b> | <b>NO</b> |
| 4. Does he/she suffer from a condition or illness requiring regular treatment? | <b>YES</b> | <b>NO</b> |
| 5. Does he/she have any other special need that we should know about?          | <b>YES</b> | <b>NO</b> |

Please continue overleaf...

## CONSENT

I agree that the child named overleaf may take part in activities organised by St. John's Church. I note that the normal area of supervised activity will be the church buildings, the church grounds, Harvington Recreation Ground and local roads. Any activities further afield will be treated as 'occasional trips' and will be subject to a special consent form. I understand that while involved, he/she will be under the care and control of the group leaders and other adults approved by the church, and that, whilst staff in charge of groups will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I consent to photographs being taken of my child and for these to be used solely for the purpose of display at church. If you do not consent, then, please cross this paragraph out.

In the event of illness or an accident requiring emergency hospital treatment, I authorise the leaders to give consent to any treatment if the delay required to obtain my own consent is considered inadvisable by doctors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

Name (please print): \_\_\_\_\_

Tel. No. (daytime) \_\_\_\_\_ (evening): \_\_\_\_\_

Mobile No/s: \_\_\_\_\_

Alternative number for emergencies and their name and relationship to the child:

Name: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Tel No: \_\_\_\_\_

**FURTHER MEDICAL DETAILS OF CHILD (if necessary)**

**THIS MEDICAL FORM WILL APPLY UNTIL 31ST AUGUST 2016.**

Please notify us **IN WRITING** of any changes to these details that may occur during the year.