



**Family Details**

Surname of child(ren) \_\_\_\_\_ Church: **St Georges / St Giles**  
*(Please circle)*

Home Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Emergency contact number \_\_\_\_\_

Contact email (i.e. for upcoming events) \_\_\_\_\_

Name of Parent(s) / Guardian(s) \_\_\_\_\_

Please name any other adults permitted to collect your child \_\_\_\_\_

**Children's Details**

<b>First name</b>	<b>First name</b>	<b>First name</b>	<b>First name</b>
<b>DOB - Group</b> Sparklers / Scramblers / U3's Age 3 - Rec Climbers / Explorers / yr1-3 yr 4-6 <b>(Circle one)</b>	<b>DOB - Group</b> Sparklers / Scramblers / U3's Age 3 - Rec Climbers / Explorers / yr1-3 yr 4-6 <b>(Circle one)</b>	<b>DOB - Group</b> Sparklers / Scramblers / U3's Age 3 - Rec Climbers / Explorers / yr1-3 yr 4-6 <b>(Circle one)</b>	<b>DOB - Group</b> Sparklers / Scramblers / U3's Age 3 - Rec Climbers / Explorers / yr1-3 yr 4-6 <b>(Circle one)</b>
<b>School</b>	<b>School</b>	<b>School</b>	<b>School</b>
<b>Sch year -</b>	<b>Sch year -</b>	<b>Sch year -</b>	<b>Sch year -</b>
<b>Information including:- Medical, SEN, Dietary, Allergies, phobias etc...</b>	<b>Information including:- Medical, SEN, Dietary, Allergies, phobias etc...</b>	<b>Information including:- Medical, SEN, Dietary, Allergies, phobias etc...</b>	<b>Information including:- Medical, SEN, Dietary, Allergies, phobias etc...</b>
<b>(cont. on reverse)</b>	<b>(cont. on reverse)</b>	<b>(cont. on reverse)</b>	<b>(cont. on reverse)</b>

**Parental consent**

I give my consent to any medical treatment that may be required in an emergency. I will inform the Group leader of any changes to the medical information supplied. (Delete as appropriate)

I give my consent that during the year, photographs and videos may be taken of my child during church activities, to be used in our churches media. (Delete as appropriate)

Signed ..... Parent/Guardian Date .....

**Please complete this form and return it now**

PTO if required

**Medical details (cont.)**

**Child's name** .....

**Any other personal details that might help us work with your child(ren) and assist them in settling into their group.**

**NB:** The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However it can be of comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.

**Data Protection and Safeguarding**

The information you provide will be treated confidentially. It will only be passed on to other leaders within the Parish of Ashted and will be held securely on computer.

Ashted PCC has a "Safeguarding Policy" which is available on request.  
Safeguarding Officer :- Alison Anderson - alisonaxx@aol.com