



Hamilton Road Presbyterian Church Registration & Consent Form

Anything written on this form will be held in confidence.

The leaders need to know these details in order to meet the specific needs of your child.

Child's full name: **D.O.B:** / /

(Please underline the name by which they are normally known)

Address (inc post code):

Phone number where I can be contacted in an emergency:

Home: Work: Mobile:

If unavailable contact: Name:

Phone no (including code): Relationship to Child:

Name and Phone number of GP:

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy, food intolerance) and any medication being taken:

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

Church Membership: HRPC None Other

- I give permission for my child to attend "High Seas" at its usual meeting place and to participate in its programme.
- I confirm that the above details are correct to the best of my knowledge and I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.
- I consent to my child's details (excluding medical details or other needs) being stored in a computerised database for the purposes of programme planning, communication with parents / guardians and the provision of statistical records.
- I give permission for photographs and video footage to be taken of my child for general church purposes.
- In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

Signature: **(Parent/Guardian)** **Date:** / /

Name printed in full:

If your child is coming with a friend, please note their name here:
Where possible, we will try to keep children in groups with their friends.

Please return completed forms to:

Mark Moorhead, Hamilton Road Presbyterian Church, Prospect Road, Bangor, Co. Down, BT20 4LN