



christ church, spington

Explorers Annual Registration and Medical Form

Child's Full Name:

Date of Birth: Home Telephone:

Address:

..... Post Code:

Parent/Guardian's Name(s):

Mobile Telephone: e-mail:

Doctor's Name: Doctor's Telephone:

Doctor's Address:

Medical Information (eg, allergies, regular medication, etc):

.....

Any other details the team needs to know (eg, hearing difficulties, etc):

.....

Consent

I give permission for photographs of the above named child to be included in an information leaflet about Explorers and on the church website. Yes/No

Year 6 only: I give permission for the above named Year 6 child to de-register him/herself at the end of each session. Yes/No

I agree that the above named child may take part in the activities in Explorers. I understand that while involved, he/she will be under the supervision and care of the group leader, and/or other adults approved by the PCC, and that, while staff in charge of the group 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.

In the event of illness or accident requiring emergency hospital treatment, I authorise Explorers staff to give consent to treatment if I cannot be contacted.

Signature: Date:

This form will be retained for the period September 2009 to September 2010 only. Please notify in writing any changes to these details. Thank you!