



Annual Registration and Medical Form: 2019-2020

Specified Activities : Jesus Kid's, Praise Parties, Lamplighters, God's Girls, Kingdom Builders. Including local trips.

Parents/Guardians please read and complete the following sections:

Details of the Child / Young Person

Full Name of Child:

Home Address:

Date of Birth:

Name of Parent(s)/guardian(s)

Parent/Carer No:

Parent/Carer Email:

Medical Details of the Child / Young Person

Name and Address of Doctor:

Telephone:

National Health Number:

Date of last anti-tetanus jab:

Please answer the following questions:

Does your child suffer from any medical condition, allergies or phobias or is on any medication?

If your child is taking medication, does he or she need to carry the drugs on their person?

Is there any activity that your child should not be allowed to participate in?

Parental Consent

Full Name of parent(s)/guardian(s):

I agree to any emergency medical treatment as considered necessary by the medical authorities if I cannot be contacted. **2.**

YES/NO *

My child will be brought and collected from the activity.

YES/NO *

My child has permission to travel to and from the group without me.

YES/NO *

GDPR Permissions: 1.

Your privacy is important to us and we would like to communicate with you about the church and its activities. To do so we need your consent.

You can find out more about how we use your personal data by reading our privacy notice, which you can find here: <http://www.stjohnswelling.org.uk/data-protection/>

I give permission for information about my child to be shared with and used by:

*Delete as applicable

Church officers

YES/NO *

Ministry Team

YES/NO *



Members area on the website	YES/NO *
Prayer Diary	YES/NO *
Notices	YES/NO *
Magazine (also available online)	YES/NO *

Activities and groups

We may contact you about groups and activities you or your child may be interested in participating in.	YES/NO *
We may contact you about similar groups we work with in other churches.	YES/NO *
I give permission for my child's photo and name to appear on the photo wall.	YES/NO *
I give permission for my child's photo and name to appear in newsletters, bulletins, websites or social media.	YES/NO *

Keeping in touch

I would like to receive communications by email	YES/NO *
I would like to receive communications by mobile phone including text message	YES/NO *
I would like to receive communications by social media	YES/NO *

I give consent to my child attending and taking part in the specified activities listed at the top of this form, including local outings.

Signed:

Dated:

Please inform us of any changes.

1. You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Parish Office or at <http://www.stjohnswelling.org.uk/data-protection/>. You can withdraw or change your consent at any time by contacting the Parish office

2. The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's 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 a comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.

(* delete as applicable)