

Registration & Consent Form for Children's Clubs

[HBEFC_SG_008]

Please use a separate form for each child and complete using BLOCK CAPITALS

Child's Name:	Male / Female (Circle)
Date of Birth: Age:	School Year:
Parent/Carer's name:	
Address:	
Phone no:	
Mobile no:	
Email address:	
Name 1: Name 2:	
Please indicate any allergies, medical cond know:	litions, instructions for their immediate treatment, or anything else we should
Name of GP practice (optional):	
I give permission for mine and my child's de I give permission for my child to have juice Is the child to be collected by someone othe	
	blete and correct to the best of my knowledge. give permission for appropriate first aid to be given. In an emergency, and if

In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of Parent/Carer: _____Date: _____