

## **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 <b>allergies, medical cond</b> 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	
	<b>blete and correct to the best of my knowledge.</b> 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: \_\_\_\_\_