**1/ Nature of event/activity: St Michael’s /All Saints (please delete as appropriate) Junior Church Registration 2019 / 2020**

Child’s name:

DOB: School Year:

Date: Time:

 I agree to his/her participation in the activities described;

I understand that it is a requirement that there is a named responsible adult for your child whilst they are attending Junior Church. If this isn’t adhered to, we reserve the right to withdraw your child from Junior Church on Safeguarding grounds.

 I understand that if group/activity photographs may be taken during the event, a “Parent/carer and young person consent form for the use of

photographs/video” will be supplied to me;

 I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly.

Children will be returned to the responsible adult in Church if behaviour becomes an issue.

**2/ Medical information** – Food and drinks will be served at Junior Church parties. Please make your leader aware at the time of the party of any dietary requirements / allergies. Food may also be occasionally used as part of the activities.

a) Does your child have any condition(s) requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin? **YES/NO**

b) Does your child have any special dietary requirements (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary. **YES/NO**

c) Please outline any phobias or fears that your child may have.

d) Is your son or daughter allergic to any medication? **YES/NO**

e) Does your son or daughter have any specific medical issues? **YES/NO**

f) When did your son or daughter last have a tetanus injection?

I agree to inform the leader as soon as possible of any changes in the medical or any other circumstances between now and commencement of the journey. **YES/NO**

**4/ Contact information**

Name:-

Work/mobile number: -

Home tel number:-

Home address:-

Alternative emergency contact: -

Name:-

Tel number:-

Address:

Name of family doctor:

Doctors telephone number:-

Doctor’s address:-

**5. Declaration**

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed-

Date-

Relationship to child-……………………………………………….(person must have parental

responsibility)

Full name-………………………………………………………………

**Data Protection / GDPR**

Please be aware that the information submitted is given to us at All Saints or St Michaels’ Church and we are managing this information with The Diocese of Manchester. We may share the information on this form if required and only when there is a clear purpose with the following:

• The Vicar /Priest in charge;

• Diocese of Manchester

• The PCC for this Church and St Michael Tongue cum Alkrington;

• Junior Church / Sunday School leaders

• The Wardens

• Nominated Health and Safety representatives from All Saints /St Michael’s.

Signed-………………………………………………………………

Date- ……………………………….

Relationship to child-……………………………………………….(person must have parental responsibility)