

REGISTRATION & HEALTH FORM

2015-2016

faith
hope
love



Know the story;
Share the Story;
Live the Story...

St Andrew's Church, Hertford

(To be completed by the parent / adult responsible for the young person)

If you are happy for us to have email/mobile contact details for your young person please add details:

Young person's full name:		School:	
Date of Birth:		School Year:	
EMERGENCY CONTACT INFORMATION			
	MAIN	ALTERNATIVE	
Name: Relationship Address Telephone Email Address (required for confirmation)			
FAMILY DOCTOR DETAILS			
Name Address Telephone			
Does the above person:			
•	Have a medical condition requiring medical treatment or medication?		Y/N
•	Have an allergy to certain medications?		Y/N
•	Is he/she able to administer his/her own medication?		Y/N
Please give details of medical conditions/treatments or allergies to medications below:			
Has he/she received a tetanus injection in the last 5 years?			Y/N
Does he/she have any dietary requirements? If yes, give details			Y/N
I wish to draw the following to the group leader's attention (e.g. allergies, phobias, toileting difficulties, other conditions which may affect fitness to participate in certain activities):			
DECLARATION: I have received and understood the details of the club.			
I agree that (full name of the young person) _____			
Can participate in the club and activities on/off site described			Y/N
May be photographed/videoed whilst participating in the activities (used on websites/magazines/newspaper articles/social networks ie Facebook)			Y/N
Can receive medical treatment as necessary			Y/N
I undertake to inform the group leader as soon as possible of any change in medical circumstances.			
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.			
Signed:		Name in capitals:	
Relationship:		Date:	

For further details contact standrewstracy@gmail.com