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## Chalfont St Giles Parish Church

### Registration and Consent: Children Church Groups (including Bell Ringing), Day Visits, Camps, Residential Holidays



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(to be completed as appropriate by the adult, or parent/carer of the child, annually for church groups)

**Name of Church:** *Chalfont St Giles Parish Church*

**Name of Group /Activity**.....

#### Family contact details:

Adult/Child's full name.....Date of birth .....

Full name of parent/guardian.....

Home address.....Home Tel No.....

Parent's/guardian's mobile .....Parent's/guardian's e-mail.....

Family doctor .....School..... School year .....

#### About you/your child:

Do you/Does your child have any food allergies? (please specify).....

Do you/Does your child have any medical conditions? (please specify).....

Are you/is your child on any medication? (please specify).....

NHS No:.....Details of last anti-tetanus injection.....(Day Visits, Camps, Res Hols)

Does your child have any special needs? (please specify).....

Is there anything else you would like us to know about you/your child? .....

#### Emergency contact details for parents/guardians:

Contact tel. no during group or activity time: .....

Contact name for carer/ an alternative adult in case of emergencies: .....

Tel no ..... Relationship to you/your child .....

#### Arrangements for collection: church groups *(please delete as appropriate)*

I/My child will be brought and collected from the group **Yes/No**

I/my child/will be collected by.....Relationship to you/your child.....

Name of anyone **NOT** allowed to collect my child .....Relationship to child.....

My child has permission to travel to and from the group without me (*children over 11years*) **Yes/No**

### Consent for Use of Photos and Images

We sometimes take photographs or film videos of the children.  
We use these images in a variety of ways particularly to celebrate the success of the Holiday Club or to communicate with parents / carers.  
We would like your consent to take images of your child and use them in the ways described below.

Please tick the relevant boxes:

I am happy for Chalfont St Giles church to take images of my child	
I am happy for images of my child to be used on the church website	
I am happy for images of my child to be used in the church newsletter	
I am NOT happy for Chalfont St Giles church to take images of my child	

### Consent to Keep in Touch

We operate a text messaging service to parents informing you of future events that might be of interest to your child.

	Yes	No
I am happy for Chalfont St Giles church to send me texts about future activities.		

**If you change your mind at any time, you can let us know by calling the church, emailing or just popping into the Parish Office**

### Declaration

I give permission for..... (child) to attend and take part in the specified activities.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment including an anaesthetic.(Day Visits, Camps, Res Hols)

I give consent to my child being escorted under Church regulations (available to see), from the Church to the reading room, (which is across the road), on a *Sunday morning*.

Signed (adult/parent/guardian) ..... Date .....

***The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).***

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**For the information of the Parent/Carer**

Name of group \_\_\_\_\_

Leader \_\_\_\_\_ ☎ \_\_\_\_\_

Minister in Charge \_\_\_\_\_ ☎ \_\_\_\_\_

The group meets at (time) \_\_\_\_\_ on (day(s)) \_\_\_\_\_

At (venue) \_\_\_\_\_