

The United Reformed Church  
**Template for registration  
and consent form**



**Details of participant**

Full name:

Address:

Gender:

Date of birth:

Doctor's name, address and telephone number:

Current medical conditions (including asthma, allergies, migraine, diabetes, epilepsy, etc):

Any medication currently being taken:

To request that medication be given: Please complete *Request to Administer Medication* form.

Any additional needs (eg special dietary requirements, disability, etc):

NHS number:

Blood group:

Date of last anti-tetanus injection:

In the last four weeks, has the participant suffered from or been in contact with any disease which may be contagious or infectious? If yes, please give brief details:

**Contact details of parent/carer**

Name:

Address:

Phone number/s:

Email address:

*If you do not hold parental responsibility for the participant (eg if you are a foster carer/ grandparent, etc) please give details of the person with parental responsibility for them:*

Name:

Phone number/s:

Address:

## **Details of alternative emergency contact**

Name:

Phone number/s:

## **Event details**

Name of group (or event):

Venue:

Date(s) of event:

Do you allow the participant to make their own way home?

Yes

No

If not, who will collect them?

## **General consent**

Please note that these declarations must be signed by the parent/carer of the participant named on this form or by a person with parental responsibility for the participant.

I give consent for \_\_\_\_\_ to attend and participate in the normal activities of the above group/event. I acknowledge the need for them to behave responsibly and to take note of any safety instructions.

I understand that, while involved, they will be under the care and supervision of the approved adult workers appointed by the church, though during periods of free time close supervision by workers may not always be possible. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

In the event of illness or accident requiring emergency treatment, I give consent for them to receive emergency dental, medical or surgical treatment as considered necessary by the medical professionals present. I understand that every effort will be made to contact me first.

Signed:

Dated:

## Photography and video

From time to time, we may take photographs or videos of the participants to provide a reminder of the event for those involved and to use on church displays, posters and flyers, church website and, occasionally, in the local press. Photos or videos used publicly will focus on activities and groups rather than individuals; they will not show the outside of an identifiable building and participants will not be named or linked with any personal details. Photos or videos will not be taken if the participant is themselves unwilling.

Are you happy for photos/videos to be taken of the participant named on this form?

Yes  No

Please choose Yes or No to make clear in which ways you are willing for them to be used:

Displays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Publicity (eg posters/flyers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Press	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I give consent for photos/videos of the participant named on this form to be used, as above.

Signed:

Dated:

## Electronic communication

It can sometimes be helpful for workers to communicate directly with older children, for example, to share information about an event, to find out who is planning to attend, to seek feedback, or to offer encouragement. Communication would be kept within reasonable hours, would be appropriate to the working relationship, would be accountable to other workers, and a record would be kept.

Please choose Yes or No to make clear in which ways workers may contact this participant:

Text messages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social media	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I give consent for workers to contact the participant named on this form, as shown above.

Signed:

Dated: