



Chaplaincy registration form: Activities & Trips

Information:

- To be completed as appropriate by the adult, or parent/guardian of the child, or annually for church groups.
- For children, aged under 18 years, 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).

01

**Chaplaincy
details**

Name of Chaplaincy

Activity/group Name

Activity/group leader name

02

**Participant
Information (if
aged under 18
years)**

Participant name

Participant date of birth

In case of emergency:

Name of parent/guardian/
carer

Current address
(house number, street
name, town)

Country

Postcode

Telephone number of
parent/guardian/carer

Email address of parent/
guardian/carer

Relationship to participant

GP name & surgery

School name

School year

03

Participant information (if in the care of another adult and aged 18 years and above)

Participant name

Participant date of birth

Name of carer

Current address
(house number, street name, town)

Country

Postcode

Telephone number of carer

Email address of carer

GP name & surgery

04

Further participant information

Do you / does your child have any allergies (incl. food allergies)?

Please specify:

Yes

No

Do you / does your child have any medical conditions?

Please specify:

Yes

No

Are you / your child taking any medication?

Please specify:

Yes

No

Does your child have any special needs?

Please specify:

Yes

No

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

Please specify:

Yes

No

04

Arrangements for collection: church groups

Will the participant will be transported to and from the group? Collected by whom and relationship to the participant:

Yes

No

Is there any person NOT authorised to transport the participant? Collected by whom and relationship to the participant:

Yes **No**

My child has permission to travel to and from the group without me.

Any further information:

(Children aged over 11years)

Yes **No**

05

Consent (aged 18 years or over)

- I consent to being transported on behalf of the above chaplaincy/church, according to the arrangements specified above.

Signature of passenger

Print name

Date (DD/MM/YYYY)

05

Consent (aged under 18 years or vulnerable adults)

- I give my consent for the above-named passenger 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 the participant to receive doctor, hospital or dental treatment, including an anaesthetic (e.g. on Day

Relationship to participant

Signature of parent/carer

Parent/carer Name

Date (DD/MM/YYYY)