

Annual Registration and Consent Form 2011/2012

(This form to be completed in full by the parent / carer and returned to the DELTA Leaders)

1. Details of Delta

There are two Delta meetings during the week:

- **Sunday Evenings (4.45-6.15pm)** before the Evening Service at St Andrew's
- **Wednesday Evenings (8.00-9.30pm)** at the home of **Huw and Rachel Iley** at 3 Beech Avenue, Leyland PR25 3AL. Meetings may occasionally take place at the home of Andy and Vic McShane (38 Fox Lane, Leyland PR25 1HA) or at Sarah Ferguson's house (42 Sandy Lane, Leyland PR25 2ED)

Throughout the year there will be other social events for which we will issue specific parent/carers consent forms.

2. Details of Child

Full Name: _____

Date of Birth: _____

School / College Attended: _____

School/College year from September 2011: _____

3. Parent / Carer Contact details

Name of Parent/Carer(s): _____

Address of Parent/Carer(s) _____

Telephone (Home): _____ Mobile(s): _____

Alternative contact name and contact number (Grandparent etc. or other holding parental responsibility): _____

4. Medical Information

Family Doctor (name, address and number): _____

Does your child suffer from any of the following conditions?

(Please circle where appropriate)

Asthma	YES / NO	Bronchitis	YES / NO
Chest problems	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Fainting	YES / NO
Heart Trouble	YES / NO	Migraine	YES / NO
Raised blood pressure	YES / NO	Tuberculosis	YES / NO

If **YES** to any of the conditions please provide details: _____

Does your child suffer from any other condition requiring medical treatment, including medication?

(Please circle where appropriate)

YES / NO

If **YES**, please give details: _____

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? *(Please circle where appropriate)*

YES / NO

If **YES**, please give details: _____

Has your child been immunised against Tetanus (lock jaw)?

(Please circle where appropriate)

YES / NO

If **YES**, please give date if known: _____

Is your child taking any form of medication on a regular basis?

(Please circle where appropriate)

YES / NO

If **YES**, please give full details, indicating the type of medication and dosage: _____

Do you give your consent to this medication being administered to your child?

(Please circle where appropriate)

YES / NO

- **IMPORTANT:** Please ensure that you supply adequate supplies of medication and dosage to the person in charge.

In an emergency and/or if you are not contactable do you give your consent for your child to receive necessary hospital or dental treatment including an anaesthetic?

(Please circle where appropriate)

YES / NO

Does your child have any special needs (DIETARY or LEARNING etc)?

(Please circle where appropriate)

YES / NO

If **YES**, please give details: _____

5. Insurance Cover

I understand that DELTA is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of DELTA. I also understand that any extension of insurance cover is my responsibility.

6. Photography

As part of DELTA we may take photographs and video footage of the various activities and events. These images may appear in our printed publications, on our website, or both.

We will not include details or full names, e-mail or postal addresses, or telephone or fax numbers on our website or in printed publications.

- Please tick this box if you **DO NOT** give consent for your child to be photographed.

7. E-Mail / Mobile Telephone Contact

In certain circumstances the DELTA Leaders would like to be able to contact your child if they have their own e-mail or mobile telephone about meetings (e.g. reminders or changes to meeting times, dates, themes etc.). Any communication will be kept public i.e. texts will be sent to groups or other leaders will be copied in any e-mails.

- Please tick this box if you **DO NOT** give consent for your child to be contacted via their mobile telephone.
- Please tick this box if you **DO NOT** give consent for your child to be contacted via their e-mail

8. Declaration

- I give permission for my son/daughter/ward taking part in DELTA and agree to his/her participation in any of the regular activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.
- I have noted when and where the DELTA takes place and I understand that I am responsible for getting my child to and from that place safely.
- I am aware of the levels of insurance cover. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.
- I undertake to inform the DELTA leaders should any of the above information change during the year.

Signature of Parent/Carer: _____ **Date:** _____