

registration and consent form

child's full name

address

sex (circle) male / female

phone

date of birth

school

emergency contact

gp contact details

allergies



Cannon Court Evangelical Church
Cannonside, Fetcham, KT22 9LE
since 1936

don't forget to bring this with you!

I confirm that the details given are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. I also give permission for photographs to be taken of my child for publicity purposes only.

Signature

Date