QBMTYS REGISTRATION FORM

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| **Name of young person**  **Date of birth**  **Address**  **Mobile telephone number (if they have one)**  **With whom does the child/young person live?**  **Relationship to the child/young person** |

**Who has parental responsibility for the child/young person?**

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| **Name**  **Address** *(if different to above)* Contact number |

**Emergency contact details** (this should be the person who would be able to respond in the case of an emergency)

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| Name **Contact number**  **Address**  **Relationship to child** |

**Medical details**

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| **Any known medical conditions or disability**  **Food allergies or special requirements**  **Details of any medication they are currently taking** |

**Doctor information**

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| **Name of family doctor**  **Telephone number**  **Address** |

**Parent/carer authorisation**

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| I give permission for ………………………………………… to take part in the normal activities of this group.  In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic.  **Signature of parent/guardian (or adult with parental responsibility):**  **…………………………………………………………………**  Print name: Date: |

**Data protection**

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| The information on this form will be kept in a paper file and on a computer - young people can see information we hold about them at any time, just ask a member of production team. This information will always be kept safe and secure.  Please delete as appropriate:   * I give my permission for this information to be stored on a computer * I do not give my permission for this information to be stored on a computer   **Signature of parent/guardian (or adult with parental responsibility):**  **…………………………………………………………………**  Print name: Date: |

**This consent is valid until [30th September 2017]**