



Registration & Emergency Information Form

Parents / Legal Guardians are asked to complete this form so that we can act appropriately in an emergency.

The information provided will not be used for any other purposes or released to any third party.

Please continue on the reverse of this sheet if you run out of room.

Thank you.

1st Child's full name date of birth/...../.....

2nd Child's full name date of birth/...../.....

3rd Child's full name date of birth/...../.....

Parent's name / Legal Guardian's name

Address

..... e-mail.....

Telephone number Mobile number

Name of School(s)

Authorised persons who may collect the child from Ignite and their relationship to the child

Under 9s must be brought and collected by an adult and only those named will be allowed to collect your child.

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For over 9s only:

My child(ren) has permission to leave Ignite and return to Church without me. YES / NO

Emergency contact number if something should happen to parent / legal guardian

Name Telephone number

Does your child(ren) have any allergies or a medical condition that we should be aware of? YES / NO

If yes please give details:

Is your child(ren) able to take themselves to the toilet? YES / NO (If the answer is no to this then we will contact you should need arise, as we are unable to assist due to child protection regulations).

In the event of illness or emergency I authorise the medical authorities to carry out any treatment on the child / children where it is considered that a delay would be detrimental to the child's welfare. I understand that the medical authorities are obliged to seek the permission of the parent / legal guardian in the first instance.

I give explicit consent to 'Ignite' for holding the above information about the child / children.

Signed Date / /

Print name