



At St Johns Church, Sutton Road, Watford.  
Contact Clara Davies 07968 304225

## 2014/15 CONSENT FORM

**WE WOULD APPRECIATE IF YOU COULD PLEASE TAKE THE TIME TO FILL IN THIS CONSENT FORM AND RETURN TO US AS SOON AS POSSIBLE SO WE CAN UPDATE OUR RECORDS.**

Name of young person \_\_\_\_\_

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Parents/Carers full names \_\_\_\_\_

Address (include postcode) \_\_\_\_\_

Home telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Alternative emergency contact name \_\_\_\_\_

Alternative emergency contact telephone number \_\_\_\_\_

Alternative emergency contact's relationship to child \_\_\_\_\_

Doctor's Name/Surgery \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Child's school \_\_\_\_\_ Year in school \_\_\_\_\_

Does your child suffer from any medical conditions or allergies requiring any special medical treatment or medications? (If yes please give details below) **Yes / No**

Does your child suffer from travel sickness? (If yes, please advise us as to how you would like us to treat your child on the onset of travel sickness) **Yes / No**

Does your child have any special dietary requirements? (If yes please give details below) **Yes / No**

Can photographs/videos taken during activities be used for the promotion of The Hub (in reports/displays/website and our Facebook page etc.)?

**Yes / No**

*For Monitoring Purposes only:*

**What do you consider to be your child's ethnic group? (please circle)**

*White British*

*White European White Other*

*Asian British*

*Asian Bangladeshi*

*Asian Chinese*

*Asian Indian*

*Asian Pakistani*

*Asian Other*

*Black British*

*Black African*

*Black Caribbean*

*Black Other*

*Mixed (Please write)* \_\_\_\_\_

*Other ethnic background (Please write)* \_\_\_\_\_

*Undisclosed (I do not wish to disclose my child's ethnic origin)*

**Do you consider your child to have any long-term illness, health problems or disability (e.g. Aspergers, ADHD etc.) which substantially affects their day-to-day activities? (Please circle)**

*Yes / No / I do not wish to disclose this information*

Please be aware that your child's details will be kept on record within The Hub in accordance with the Data Protection Act (1998). Your child's details are stored confidentially and will not be shared with any agencies, except when this is required in order to protect a child at risk of harm.

**Please note, your child will be unable to go out on trips organised as part of our clubs' programmes without these details.**

**PLEASE REMEMBER TO KEEP US INFORMED IF YOUR CONTACT DETAILS CHANGE**

**Parent/Carer Signature:** ..... **Date:** .....

**Thank you for taking the time to complete this form.**