

## Gloucestershire Children's Fund - Friendship Café

### Young Child's Registration and Consent form

*A Registration form must be fully completed for each child that attends the Friendship café*

<b>Name Of Child</b>																			
<b>Gender</b>	Male					Female					<b>D. O. B</b>	D	D	M	M	Y	Y	Y	Y

<b>School Year</b>													
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<b>Ethnicity</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                     White British, White/black Caribbean Mixed, White/Asian Mixed, Any Other Asian, Any Other Ethnic Background,                 </div> <div style="width: 30%;">                     White Irish, Any other Mixed, African Caribbean,                 </div> <div style="width: 30%;">                     Any other White White/ black African Mixed Bangladeshi, Indian, Pakistani any Other Black, Chinese Prefer Not To Say                 </div> </div>												
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<b>Home Address</b>													
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<b>Contact</b>													
Parent / Carer													
Home Phone													
Mobile Phone													
E-mail													

<b>Medical</b>													
Doctor Name													
Doctor Phone													

Does your child suffer from Asthma? Ensure they bring their Inhaler if they have one. If Yes, please give details.	Yes	No
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Does your child suffer from any other medical conditions or allergies that we should be aware of ? If Yes, please give details.	Yes	No
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Diet Does your child have any special dietary requirements? If Yes, please give details.	Yes	No
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<b>Child</b>	Your child should not walk home alone unless you have ticked box A.												
Collection Arrangements	Please ensure that your child is aware of the arrangement.												
	A. Allowed to make their own way home											<input type="checkbox"/>	
	B. Collect by me.											<input type="checkbox"/>	
	C. collected by (please give name)											<input type="checkbox"/>	

<b>Photo's</b>	Do you give permission for us to take and use photo's involving your child? ( For use by the Gloucestershire Children's Fund - Friendship Café )					Yes	No
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<b>Parental Consent</b>													
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I agree to my child taking part in supervised activities including being taken off the premises for activities (to local park, etc).

I agree to my child being given emergency First aid and taken to hospital (if necessary).

I have made my child aware of the arrangements.

If any of these details change, please inform the project workers for the safety and enjoyment of your child.

Name														
Relationship to child						Date	D	D	M	M	Y	Y	Y	Y

Signed By:

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**Parent Consent Form  
CONFIDENTIAL**

FOR REGULAR  
ACTIVITIES

A project of GYMNATION  
Charity Registration No: 109856

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Dear Parent

The Friendship Cafe offers children and young people the chance to attend a number of educational and social trips and visits throughout the year, as well as a range of outdoor activities. Whilst specific parental consent may be sought for certain trips, this generic consent form will cover all other routine day trips and visits and routine outdoor activities.

We require your consent to allow your daughter/son to take part in our programme of regular activities under the supervision of our staff and volunteers.

If you wish to withhold you permission for any or the entire programme, please fill in the last part of this form\*.

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**Details of Child:**

Name .....

Address .....

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Telephone/Mobile .....

Age ..... Date of Birth .....

**Emergency Contact:**

Name .....

Address .....

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Telephone/Mobile .....

Relationship to Child .....

**Personal Information:**

a. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks?

YES/NO, if yes please detail .....

- b. Does your child suffer from allergies, diabetes, migraine, epilepsy, pain or any other illness or disability?  
 YES/NO, if yes please give details .....
- c. Is your child allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any particular food)?  
 YES/NO, if yes please detail.....
- d. Is he/she actively sensitive to penicillin?  
 YES/NO if yes please detail .....
- e. Are they receiving any medical treatment at present?  
 YES/NO if yes, please detail .....
- f. Date of last Anti-Tetanus injection.....
- g. Are there any specific dietary needs?  
 YES/NO if yes please detail .....
- h. Can your child swim 50 metres?      YES/NO

**GP Details:**

Name .....

Address.....

..... Telephone .....

**PARENTAL CONSENT:**

- i. I agree to my child taking part in educational visits and trips
- ii. I understand that the staff/volunteers responsible for the activities will take all reasonable care of participants.
- iii. I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- iv. I understand that it is my duty to update you of any changes in information given on this form.
- v. I consent/do not consent to any photos being taken of my child for publicity purposes.

**Signature** .....      **Date** .....

**Print Name** .....      **Relationship to Child** .....

\* *I withhold consent for the following activities: (please list, if any)*

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