



Child/young person emergency contact form

Parish: _____

Group: _____

Name of child: _____

Date of Birth: _____

Address: _____

Home telephone: _____

Emergency
phone: _____

Child's email: _____

Parent's email: _____

(For copying in to all communication with child/young person)

Child's mobile: _____

My child may take part in all normal activities of the group. YES NO

I am happy for the leader to send group information to my child's email or mobile and I wish to be copied in: YES NO

Medical conditions or special needs:

Please note medical conditions, medications or dietary needs relevant to your child's involvement in the activity.

Medical Consent

I give my consent for any medical treatment that may be necessary in the event of an emergency.

Signature of parent/carer: _____

Date of signature: _____