



**St Nicholas & St Mary's Halewood**  
**Information and Consent Form**



**Please return to leader. This information will be held in confidence**

**Complete in block capitals, Delete starred \* items as appropriate**

Name of group: \_\_\_\_\_

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (mobile)

**Alternative Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (mobile)

**Medical Details**

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Is s/he allergic to anything? (Antibiotics, other medication, Elastoplast, nuts, seafood, any other particular food, etc.) \*YES/NO If YES, please give details

\_\_\_\_\_

Does s/he suffer from asthma, wheezing, chest complaint, hay fever, migraine, fits or faints, diabetes, nervous disorders, any other illness or disability? \* YES/NO If YES, please give details

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Is s/he receiving any medical treatment at present? \* YES/NO If YES, please give details. Please also give details of any inhalers, pill, medicines etc that your child may need to take.

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Does s/he have any behavioural issues or any additional needs?

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Date of last anti-tetanus (if known): \_\_\_\_\_

On occasion, photographs or videos may be taken of the children in their activities. These may be used for display in the Church or Centre, or on the Parish website. If used, they will not include names. Please indicate below if you give permission for the child name overleaf to be photographed or videoed.

\*I do/do not give permission for the child named overleaf to be photographed or videoed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian

NB – Please advise the leader of the group, in writing, of any changes to address, telephone number, emergency contact details, or medical details.

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If you need to provide details of any medical treatment or any other information, please do so here

I give permission for \_\_\_\_\_ to attend the group named overleaf. I confirm that the above details are correct. I will advise the group leader, in writing, of any changes as soon as they occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian