



PARENTAL CONSENT & REGISTRATION FORM 2018-2019

Group(s): Wowza!

Time(s): Fridays (Term Time Only) 15:30-16:30

Place(s): St Edmund's Catholic Primary School, Godalming

Young Person's Details (Years 3 – 6)

Full Name:

Address:

Home Telephone:

Date of Birth:

Age:

School Year:

Church Attended (if any):

When your child is in our care, it would be helpful to know whether he/she suffers from any allergies, is on particular medication or whether there is anything else you would consider important for us to know:

Photo Consent

We often use photos of the team working with groups of young people to promote the work we do, via posters, flyers, presentations and/or our website. Any photos taken will be stored on the Trinity Trust Team computer at our office, and used only for the purpose above.

I consent/do not consent to TTT using photos which include my son/daughter.

Signed

(Parent/Guardian)

Your Details and Consent

Parent/Guardian Mobile (In case of emergency):

Parent/Guardian Email:

I give permission for my son/daughter (name)
to attend and take part in the above named Trinity Trust Team groups/activities.

Name(s) of authorised person(s) who will collect my son/daughter:

If it becomes necessary for my son/daughter to receive medical treatment (other than any listed under the allergies disclosure) and I cannot be contacted, I hereby give my general consent to any medical treatment, including anaesthetics and authorise the leader in charge to sign any documentation required by hospital or other authorities.

Signed:

(Parent/Guardian)

Print Name:

Date:

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