

TBOWA Youth Group



Name:		Date of Birth:	
Address:		Home Telephone:	
Name of Parent/ Guardian/Carer		Emergency Contact Number:	
Email:			

Name of Primary School			
Interests/clubs/likes:			
Language spoken at home:			
Is there a Statement of Special Educational Needs?	Yes / No	If 'Yes' please provide further details:	
On SEN Register?	Yes / No	If 'Yes' please provide further details:	
Are there any medical/health issues?	Yes / No	If 'Yes' please provide further details:	
Are there any dietary requirements?	Yes / No	If 'Yes' please provide further details:	

I give permission for my son/daughter to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities and outings where appropriate.

In an emergency and if I am not contactable I am willing for my son/daughter to receive hospital treatment including an anaesthetic on the authority of the leader in charge **(NB the leader will always try and contact you first)**.

I give permission for photographs to be taken of my son / daughter YES / NO (Please delete as appropriate)
(I understand that these may be used for publicity purposes within the Bishop of Winchester Academy)

The information we collect about you and your child will be used to administer the safe running of the children's group. We will not share your information with anybody without your explicit consent.

Signed:	(Parent / Adult with parental responsibility)	Date	
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