



## Youth Challenge Oxfordshire

### Registration Form

Name:		
D.O.B:	Age:	Year Group at School:
Father's Name		Mother's Name

Address:	In Case of Emergency = Home number:
	In Case of Emergency = Parent Mobile:
	Parent Email:

Doctor's name:	Telephone number:
Address and Surgery :	

## MEDICAL INFORMATION

1. Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES please give details and explain treatment.	YES/ NO
2. Does your son/daughter suffer from any medical conditions (eg fainting, fits)? If YES please give details.	YES/NO
3. Is your son/daughter allergic to anything? If yes please give details.	YES/NO
4. Does your son/daughter carry an epipen?	YES/NO
5. Has your son/daughter received a tetanus injection in the last 5 years?	YES/NO
6. If YES please give the date of the injection	

### DECLARATION

I am the parent/guardian of

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- To the best of my knowledge my son /daughter is not suffering from any medical condition that makes them unfit to attend the Exit7 Youth Group

- I give the youth leader in charge permission to give first aid to my son /daughter if necessary
- I give the youth leader in charge permission to take my son /daughter to a doctor if necessary, if I cannot be contacted
- I give the youth leader permission to take my son /daughter to hospital for emergency treatment if I cannot be contacted.
- I agree to my son /daughter receiving medical treatment , including anaesthetic as considered necessary by medical authorities present.
- I am aware that the youth leader is responsible if my son/ daughter inside and in the grounds of the youth group meeting place and that the youth leader cannot stop young people from leaving. However, youth leaders will be responsible for young people on an off site trip.

**I am happy / I am not happy** for pictures or film to be taken of my son/daughter to be used around the youth group, social media, press and for the use of Youth Challenge Oxfordshire

Name of parent/ guardian.....

Signed.....

Date .....

If I cannot be reached, please contact:

Name .....

Relationship to young person

.....

Address

.....

.....

Telephone..... Mobile.....

***Return the completed signed form to your group leader at your next session.***