**PARENTAL CONSENT & REGISTRATION FORM 2021-22**

Group(s): Wowza!

Time(s): Mondays (Term Time Only) 15:05-16:05

Place(s): Art Room, Godalming Junior School

**Young Person’s Details**

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: