Please complete the following form as confirmation of your son/daughter’s information, and so that we have all we need to you informed, and them safe as they take part in our activities with Hub104 and King’s Church Edinburgh.

|  |  |
| --- | --- |
| **Young person’s information** | |
| First name: | Surname: |
| Date of Birth: | School & School Year: |
| Address: |  |
|  | |
| Young person’s mobile: | Postcode: |

|  |  |
| --- | --- |
| **Medical Information** | |
| Does s/he suffer from any medical problems? | Any known allergies? |
| Does s/he take any medication? | Any special dietary requirements? |
| Please note down any other information it would be useful for us to know. Please continue over if needed. | |

|  |  |
| --- | --- |
| **Parent / Carer’s information** | |
| Name(s): | Address (if different from above): |
| Landline: |
| Mobile no: |
| Email: |

|  |  |  |
| --- | --- | --- |
| **Second Emergency Contact** | | **GP (Family Doctor) Details:** |
| Name: | Relationship: | Name: |
| Mobile: | Landline: | Phone Number: |

Please tick the following boxes to give your consent; you are welcome to leave blank those you do not consent to. If you have any questions about these, please get in touch.

* I give permission for the person names above to attend activities organised by Hub104 and Kings Church Edinburgh and those of related partner organisations.
* I give permission for first aid treatment to be administered as required, and for the appointed leader to authorise urgent medical treatment should I be unreachable to make a decision myself.
* I give permission for my child’s photos to be used for publicity
* I give permission for the Hub104 youth team to contact my child via phone / messaging in relation to events / activities they are involved in
* I confirm that the medical information given here is correct, and that I will notify Kings Church of any subsequent changes as soon as possible.

**Parent / Carer Signature ………………………………………… Date………………**