



**ST LAWRENCE CHURCH, EASTCOTE**

**PTO**

**www.st-lawrence-eastcote.org.uk**

**Child's Registration Record**

**DETAILS OF CHILD/YOUNG PERSON**

Name (Please underline the name the child is known by) .....

Date of Birth ..... National Curriculum year group .....

School .....

To attend the **Children's Christmas Workshop on Monday 21st December 2009**  
**10.00 – 11.45 am**

Address **St Lawrence Church, Bridle Road, Eastcote, Pinner**  
**Parish Office 0208 429 1131**

**TELEPHONE CONTACT**

Parent/Guardian's home number .....

Parent/Guardian's work number .....

A close relative contact (Name) .....

Relationship ..... Telephone No. ....

**HEALTH**

Does your child suffer from any on-going or recurring illness? .....

Have they ever had a contagious illness, or direct contact with any contagious illness, within the last four weeks? .....

Does he/she take any regular medicine? .....

Any phobias, disabilities or known allergies? .....

Has he/she been immunised against tetanus within the last ten years? .....

Any special dietary requirements? .....

Any other information we should know about?.....

Please also tell us of any particular likes, dislikes or fears your child has .....

Registered GP's name..... Telephone .....

Address .....

**YOUR DETAILS**

Name of Parent/Guardian .....

Address .....

Signed ..... Date .....

**ST LAWRENCE CHURCH, EASTCOTE**

**Parental Consent**

I give permission for my child (name) .....  
to attend the **Children’s Christmas Workshop on Monday 21<sup>st</sup> December 2009**  
and take part in any organised on-site activities such as sport etc.

If it becomes necessary for my child to be given urgent medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner, and I authorise the leader in charge to sign any document required by hospital or other authority.

Signed ..... Date .....

**Details of parents/guardians and how to make contact:**

Name .....

Address .....

Telephone (home)..... (mobile) ..... (other) .....

If not available contact .....

Please note that if your child has an allergy or on-going or recurring illness that requires medication in the form of an inhalers or Epipen then these should be brought to the event and handed to the staff. Please remember to collect them after the event!

**Data Protection**

The information requested will be held in its original form. The information will also be transferred onto a computerised database. Unless we receive a written comment from you to the contrary, we assume that you give your permission for us to use any official photograph of your child(ren), for display on our premises, in Church publications, on our website or in the local press, if we find it appropriate. Thank you.