Ealing and Hammersmith District Woodcraft Folk Child Registration Form

This form must be completed by a parent or carer before a child or young person under the age of 18 can participate in Ealing and Hammersmith Woodcraft Folk activities.

Contact & personal details:

Name:	Date of Birth:	
Parents or carer's contact details:		
Name:	Relationship to child:	
Home Phone:	Mobile:	
E-Mail (please write legibly):		
Address:		
Postcode:		
Medical information		
Name & address of child's Doctor:		
Doctor's telephone		
Details of any medical conditions e.g. diabetes, asth	nma:	
Details of any medication to be taken:		
Details of any allergies or dietary needs:		
, ,		
Has your child had an anti-tetanus vaccination?	Yes / No Date:	
Can your child swim: Yes / No - Swim	ming aids/Confident?	
Would you object to your child being treated with:	Paracetamol based painkillers?	Yes / No
	Antihistamines	Yes / No

Details of any additional support or access needs for your	child:
Emergency contact details	
We will always endeavour to contact parents in the event	of an emergency, but if we are unable to contact
you in the first instance please give an additional contact s	such as a family member or friend.
Name:	Relationship to child:
Home Phone	Mobile
I DO NOT agree that my child may appear in publicity iter	ns generated by the group e.g. newspaper
articles, photographs, website	
If there is anything else you feel will be helpful please add	to the bottom of the form.
Consent	
I,, have read and	agreed to abide by:
Safeguarding policy	
Behaviour policy	
 Drugs, Alcohol and Tobacco policy 	
I agree to the above information being retained securely b	y group leaders.
I understand it is my responsibility to update group leaders	s of any change to this information.
Cian ad	Data
Signed	Date