

Membership Registration Form

Organisation: St. Patrick's Parish Children's Programme

Child's Name.....

Address.....

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Age..... Date of Birth.....

Mother's name.....

Father's name.....

Addresses - if different.....

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Contact numbers.....

Emergency contact number/s.....

Email.....

I give permission to [child's name]
to participate in the activities of St Patrick's Children's Programme meeting at
various times and locations throughout the period from January 2017 to
December 2017, and know of no medical reason why he/she should not do so
(see below).

Please indicate below if the above child suffers from any medical
condition/allergies (specifying any medication he/she may be taking) and/or has
any special dietary requirements about which the leaders of St. Patrick's
Children's Programme should be informed.

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I give permission for basic first-aid to be administered to [child's
name]..... In the event of him/her
being taken ill or injured during an event organised by St. Patrick's Parish so
that surgical operation or serum injection becomes necessary, I hereby authorise
the leader in charge to sign on behalf any written consent forms required,
provided the delay necessitated to obtain my signature might endanger his/her
health or safety.

Parent/guardian signature.....

Date.....

Consent must be provided by the person with parental responsibility