

**REACHOUT '09  
REGISTRATION & PARENTAL CONSENT FORM**

**PERSONAL DETAILS**

Child's Name \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
& Postcode \_\_\_\_\_

AGE: \_\_\_\_\_

Telephone \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any specific medical conditions that the Reachout team needs to be aware of? YES / NO  
(e.g. asthma, diabetes, epilepsy, allergies etc.)

If YES, please state the condition and any relevant details (e.g. severity, precautions, etc)

\_\_\_\_\_

Does your child carry any medication for this / these conditions? YES / NO

If YES, please state what the medication is and how often it is taken. \_\_\_\_\_

Are there any other details regarding special needs, requirements or directions that would be useful for the Reachout team to be aware of?

YES / NO \_\_\_\_\_

**EMERGENCY CONTACTS**

Please provide your contact details and the details of one other person who the Reachout team may contact in the event of an emergency. Please also provide contact details for your child's GP.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Mobile number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Mobile number \_\_\_\_\_

GP's Name \_\_\_\_\_ GP's Telephone No. \_\_\_\_\_

**PARENTAL CONSENT**

I give permission for my child to participate in all normal Reachout activities.

In the event of illness or an accident, having parental responsibilities for the above named child, I give permission for First Aid to be administered where considered necessary by a trained First Aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless you inform us otherwise.

Signature \_\_\_\_\_ (Parent / Guardian) Date \_\_\_\_\_

*All information provided on this form will be held in confidence. The leaders need to know these details in order to meet the needs of your child.*

**REACHOUT '09  
REGISTRATION & PARENTAL CONSENT FORM**

**CODE OF CONDUCT**

This Code of Conduct has been produced to ensure that everyone participating in the Reachout week abides with the ethos of Reachout, and fully enjoys the week in a safe and friendly environment. This Code of Conduct is to be read and signed in agreement by those who will be participating in the Reachout week.

As members of Reachout we will:

1. Respect the authority of Reachout leaders/helpers
2. Respect the views and feelings of other members of Reachout
3. Respect the right of every Reachout member to express their view/opinion
4. Respect the right of every Reachout member to be heard/listened to
5. Respect the personal privacy and property of Reachout leaders/helpers/members.
6. Show due care and responsibility for equipment and property.
7. Agree the following activities/behaviours are deemed unacceptable:
  - i) Consumption of alcohol and smoking within the premises of the church property during Reachout activities.
  - ii) Physical abuse of other Reachout members and/or leaders/helpers.
  - iii) Verbal abuse including "put-downs" of other Reachout members and leaders/helpers, either directly or electronically e.g. mobile phones, msn, social networking sites etc.
  - iv) Wilful destruction or damage of property or equipment.
  - v) The misuse of any substance of stimulant

Signed: \_\_\_\_\_ (PARENT)

\_\_\_\_\_ (REACHOUT MEMBER)