



Consent and Registration Form v5

Name of Young Person	
Address (Including Post Code)	
Home Tel:	
Mobile:	
Date of Birth	

Medical Questionnaire			
<i>Has the participant had any of the following? If yes please give details overleaf</i>			
Asthma or Bronchitis	Yes/No	Allergies to any known medication	Yes/No
Heart Condition	Yes/No	Any other allergies e.g. food, plasters	Yes/No
Fits, fainting or blackouts	Yes/No	Other illnesses or disability	Yes/No
Severe headaches	Yes/No	Travel Sickness	Yes/No
Diabetes	Yes/No	Regular Medication	Yes/No
Do you have special dietary requirements e.g. Veggie, Vegan etc – Please State			
If necessary, do you consent to mild painkiller being administered? – Please State			
Is participant currently receiving medical treatment? (Details overleaf please)			Yes/No
Has the participant received a tetanus vaccination in the last 10 years?			Yes/No
Has the participant been given specific advice to follow in personal health emergencies? (Details overleaf please)			

I confirm that:

- I have parental responsibility for the above named person.
- In an emergency I give permission for an appropriate leader to sign for treatment including anaesthetics.
- I consider the participant suitable and capable of taking part in the activities at Core and Fuse.
- I consent to photos and video being taken and used at St Johns, Facebook and the Website.

All reasonable precautions will be taken to ensure the care and well being of all persons taking part in Core or Fuse. However your consenting to persons taking part does not guarantee 24-7 supervision and a total risk free environment. I understand that the leaders will take all reasonable care in looking after my son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter at Core or Fuse.

Signed _____	Office Use Only:
	Date: / /
Print Name _____	