



# Registration and Consent Form: Adults

Church Groups (including Bell Ringing),  
Day Visits and Residential Holidays<sup>†</sup>

Name of church: \_\_\_\_\_ Name of group/activity: \_\_\_\_\_

## Contact details:

Adult's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Adult's home address: \_\_\_\_\_

\_\_\_\_\_ Home telephone: \_\_\_\_\_

Full name of carer: \_\_\_\_\_

Carer's mobile number: \_\_\_\_\_

Carer's e-mail address: \_\_\_\_\_

Family doctor: \_\_\_\_\_

## About you:

Do you have any food allergies (please specify)?

Do you have any medical conditions (please specify)?

Are you on any medication (please specify)?

NHS number: \_\_\_\_\_ Details of last anti-tetanus injection: \_\_\_\_\_

Is there anything else you would like us to know about you?

*Your privacy is important to us and we are committed to keeping your personal information confidential and secure. For more information on how we process your data, please see our privacy notice which is available on our website and church noticeboard.*



**Emergency contact details for your carer or next of kin:**

Contact name for a carer/next of kin in case of emergencies:

Carer/next of kin's telephone number: .....

Relationship to you:

**Arrangements for collection:**

I will be brought and collected from the group: YES/NO\*

I will be collected by: Relationship to you:

**Declaration:**

I consent to taking part in the specified activities.

In an emergency, I am/am not (delete as appropriate) willing to receive medical or dental treatment including an anaesthetic.

Signed (adult):

Date:

<sup>†</sup>To be completed as appropriate by the adult or their carer. This form should be updated annually.

\*Delete as appropriate.