

Word Alive 2020 Child Registration Form for under 4s



IMPORTANT: No products containing NUTS should be taken into the Under 4s venue

INSTRUCTIONS

Please fill in both sides/pages of this form in BLOCK CAPITALS and bring it along to the venue shown in the programme. Filling in the form beforehand will help speed up registration.

1. CHILD'S DETAILS

Child's Surname:	Child's First Name:		
Name Child is known by:	Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth:	Age	Years:	Months:

2. CONTACT DETAILS

Parent/Carer's Name(s):	
Mobile Phones:	Additional Mobile:

Please make sure that your phone is on and set to silent during our programme

3. VISITOR STATUS (circle one)

I am staying on site	I am staying off site	I am a day visitor
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4. GP DETAILS

Doctor's Name:	Telephone Number:
Surgery Address:	

5. EMERGENCY OFF SITE CONTACT

Name:	Telephone Number:
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6. MEDICAL AND OTHER NEEDS

Does your child use a blanket/comforter/toy etc?

Do you have any special words for toilet, drink etc?

Is there anything else we should know? e.g. allergies, additional needs etc

7. PARENTAL PERMISSION

May your child have water?

Yes

No

Word Alive captures video and photography content of activities at Word Alive for publicity purposes available publicly online at www.wordaliveevent.org, on social media (Facebook, Twitter and Instagram), and in print.

Do you consent to the filming and photographing of your child in accordance with the uses outlined above?

I consent.

I do not consent.

In the unlikely event of an accident I give my permission for any necessary medical advice or treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital treatment (I understand that Word Alive team will always try to contact me in the first instance).

Signed:

Date:

8. DECLARATION

I declare that I am the person with parental responsibility for the child named in this form. I understand that the information used in this form will be used by Word Alive staff to help them in fulfilling their roles in looking after this child whilst in their care. I further declare that Word Alive staff are allowed to hand over the named child to the holder of the Child Collection Ticket, or to either of the persons named in this form as having parental responsibility (on production of proof of identity) if the Child Collection Ticket cannot be produced. If there is any doubt whatsoever, even on the production of the Ticket as to the authority of any person attending to collect the child, then Word Alive are authorised to retain the child in their care until they are satisfied as to the authority of the person so attending.

Signed:

Date:

9. COLLECTION

The Named People collecting my child _____ with the collection ticket are:

Collector's Name:

Collector's Name:

Relationship to Child:

Relationship to Child:

Signature:

Signature: