

Bristol North West Foodbank – Space4Makers Workshop

Child Registration Record

I understand that this information will be kept securely and indefinitely by the **Bristol North West Foodbank (BNWFB)** in line with current Data Protection legislation.

I consent to the BNWFB holding and processing my personal data for the following purposes (please tick the boxes where you grant consent): -

I consent to the BNWFB contacting me to keep me informed about news, events, activities at BNWFB by: post phone email

Please fill out IN CAPITALS and as fully as possible

Details of the Child / Young Person

Child's first name: Child's last name:

Child's date of birth: / / Gender:

Child's address:
Postcode:

Child's mobile: Child's email:
(if applicable) *(if applicable)*

Child's school:

Parent / Guardian's Contact Details

Parent's name:

Home telephone: Mobile telephone:

Email address:

Emergency Contact Details

Please provide details of someone other than a parent/guardian who could be contacted in an emergency

Name:

Home Telephone: Mobile Telephone:

Relationship to the child:

Health

Medical details:
(including details of
any allergies or
medication)

Special needs:

Doctor's Details

Doctor's name:

Surgery:

Surgery address

Postcode:

Surgery telephone number:

Consent

I hereby give permission for my son/daughter named above to take part in the Space4Makers workshop activities under the supervision of the workshop tutors and team. I understand that the BNWFB safeguarding policy is available at the bottom of the home page www.bristolnorthwestfoodbank.org.uk

As well as the usual meeting place for my child's group (The Space4Makers Workshop), I understand that during the course of the normal group activities my child may also wish to use the toilets in the church building, and certain workshop activities may take place outside, or in the church buildings. I give permission for this to take place, according to the BNWFB safeguarding policy guidance.

In case of illness or accident I authorise...

- 1) The leader of the activity to sign on my behalf any written form of consent required by medical authorities if a delay in obtaining my signature is considered inadvisable or unnecessary by the doctor.
- 2) The leader to administer prescribed and non-prescribed medication if necessary.

Signed:

Parent's Name:

Date:

Once completed this form should be given to the workshop tutor, workshop manager or Foodbank Manager.

Form revised 14/02/22

