

# Health and Information Form for Children & Young People at Network Church

Childs Name .....

Date of Birth .....

Address .....

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Name of Parents/Guardians.....

Phone Number .....

Email address

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## Allergies and treatment

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## Medical Conditions we need to be aware of and treatment

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**Anything else we need to know** that will help us to make your child feel safe and settled in our children's groups ie: fears, phobias, concerns, likes, interests etc

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Signed .....

Relationship to child/young person .....

Date .....

If you have anything else you wish to talk to us about, please do not hesitate to contact us.

**Rock Club:** Nina: 07879 817531 or Pam: 07875 621401

**Boulders:** Yan Yan: 07722 094297 **Youth:** Beth: 07837 970474

Please see the Network Church website for details of our **privacy statement**. [www.networkchurch.org](http://www.networkchurch.org)