SLEEP-OUT REGISTRATION

Please complete this form and hand in at the Registration area in the Abbey on the night.

NAME			
AGE	*Tick as appropriate*	**Over 18** ▪	**Under 18** ▪ **D.O.B** -----/-----/----
ADDRESS **Tel No.** **Emergency contact**		**(If under 18, address of parent /guardian)** **Tel. no.** **Emergency/mobile**	
SCHOOL/CHURCH/ORGANISATION/OTHER			
SPONSORSHIP AMOUNT PROMISED £			
MEDICAL CONDITIONS/NEEDS		**(If under 18 see below)**	

MEDICAL INFORMATION AND CONSENT if under 18 years

- Please state:
  a. any medical condition & treatment required:

  b. known allergies to drugs/food/substances/medication:

- I give permission for my son/daughter to attend the Sleep-out which is held at The Cathedral & Abbey Church of St Alban.
- I undertake to inform the Sleep-out Committee or group leader if the young person named above or any member of their family, or other person with whom they have had close contact, is known to have or contracts any infectious disease.
- If, during the course of the Sleep-Out, it becomes necessary for the young person named above to receive emergency medical treatment, including the use of anaesthetics, and I cannot be contacted, I authorise the group leader to sign the documentation required by the medical authorities.

Signature of parent/guardian……..Date…….
Name (please print)…….

It is most important that the Sleep-out Committee should know of any medical condition which may require treatment and/or which may affect participation in the event. Medical insurance does not include cover in the event of illness if participants are attending the Sleep-out contrary to medical advice and are not in good health.

2009