



Registered charity no. 1171090

Family Registration Form 2018

Child's Information			
Name:	M/F:	DOB:	Age:
Address:		Postcode:	
Diagnosis:	Diagnosis Date:	Treatment Start Date:	
Treatment End Date:		Consultant:	
Brief Description of Diagnosis/Treatment:			
Allergies:			
Parent/Carer's Information			
(1) Name:		DOB:	
Address (if different):		Postcode:	
Mobile:		Tel:	
E-Mail:		Relation to child:	
(2) Name:		DOB:	
Address (if different):		Postcode:	
Mobile:		Tel:	
E-Mail:		Relation to child:	
Sibling's Information *			
(1) Name:		M/F:	DOB:
(2) Name:		M/F:	DOB:
(3) Name:		M/F:	DOB:
Any allergies (please specify the child and the allergy):			
Emergency Contact Information			
(1) Name:		Relationship To Child:	Number:
(2) Name:		Relationship To Child:	Number:
Photography			
We'd love to take photos and videos of the children at trips & events. We are likely to use them on our website, social media, leaflets etc. Please fill out the following: Yes, I give permission <input type="checkbox"/> No, thank you <input type="checkbox"/> Signature: _____ Date: _____			
Data Protection Act 1998			
In line with the Data Protection Act 1998, we need your signed consent to allow us to hold the information given on this form. It is your own responsibility to update this information as and when necessary. Shine A Light Support Service hold no accountability if the information is incorrect. You have our guarantee that we will keep good care of it, and not pass it on outside of Shine A Light Support Service, unless on emergency medical grounds. Signature: _____ Date: _____			

*Continue on back if needed

Please return to: Sam Schoolar, 1 Homeward Way, Binley, Coventry, CV3 2UR Tel: 07966 089805 email : sam@shinealightss.org.uk