

Home Ed Hub REGISTRATION FORM

Child's First Name	Surname	D.O.B	Age
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Emergency Contact Information:		
Full Name:	Relationship:	Mobile Phone Number:
		Alternate Number:

Any medical conditions (i.e. allergies, epilepsy, asthma, diabetes etc) <i>which we should be aware of?</i> Use of prophylactic devices (i.e. asthma inhaler, EpiPen etc MUST be disclosed)

Consent Form

I hereby consent to my child attending activities facilitated by Home Ed Hub according to the terms and conditions set out in its policies and procedures.

I consent to my child receiving emergency medical care if required. This would include first aid and any emergency treatment as considered necessary by the medical authorities present, in the best interest of my child.

If my child is aged 12 or over I acknowledge that they may sign themselves out of an activity at any time and may leave unaccompanied.

I consent to Home Ed Hub taking photographs of my child during activities and that these can be used for the promotion of its business whether online or in printed literature, in line with their terms, conditions, and policies.

I acknowledge that it is my responsibility to inform the manager immediately if any details change.

All information is provided in confidence and will not be shared with any third party unless required by law to do so.

Signed..... Print Name.....

Date.....