

Junior member details

360 ID:

Please complete the details on this form. This information will be held on file.

If the details change, you must inform us so we can ensure that the data we hold is always up to date.

Name of Child			
Date of Birth		Age	
Email Address			
Address Details	Telephone Contact Details		
	Home		
	Mobile		
	Name of Parent		

Emergency Contact Details

Please ensure the details of an emergency contact are different to the details of the parent/carer provided above.

Emergency Contact Name		Telephone	
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Additional Information

Is there any information you'd like to share about your child/person you care for? allergies, medication, disability or health problems? For example: asthma, epilepsy, autism

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Medical Advice/Assistance

Do you give permission for medical advice/assistance to be sought for your child in the event of an emergency?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Consent to store information provided

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Signed	
Date	

Added To	
Learn2	<input type="checkbox"/>
360	<input type="checkbox"/>