













All About Me

	Name	
	Date of Birth (if under 18)	
	Contact number	
	Parent/ Carer name and contact number (if applicable)	
	What am I like? What will I enjoy in church?	
	What am I likely to find difficult in church?	
	What helps me participate?	
	If I am upset how can people help me?	
	What medical needs or allergies do I have?	
	Do I need any support with moving, eating, drinking or personal care?	
	Signed by	
	Date	
	I consent for the following (please tick if this is necessary)	<input type="checkbox"/> Support with personal care <input type="checkbox"/> Support with eating and drinking <input type="checkbox"/> Use of suncream/ lotion/ messy play

Please print out this form, fill it out and give it to one of our team at church!