



Holiday Club 2017

Registration & Consent Form

Please complete a separate form for each child

Child's Name	Age (5-11)
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Who has parental responsibility for this child whilst at Holiday Club?

Name	Contact Phone Numbers
Address (inc postcode)	
Email Address	

Additional Contact

Name	Phone Number
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I give permission for this child's photo to be taken during Holiday Club <small>(Photos may be displayed in church or added to our website. Children will not be identified by name.)</small>	YES	NO
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Medical Information

Please indicate any allergies, health conditions or specific special needs that this child has that we should know about		
If this child has asthma, does he/she carry an inhaler?	YES	NO
If this child has an allergy, does he/she carry an EpiPen?	YES	NO
GP's Name	GP's Phone Number	

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated First Aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

I confirm that all details on the Registration and Consent form are complete and correct to the best of my knowledge

Signature of Parent/Guardian	Name (printed)	Date
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