

Full name of child/young person: _____

Age: _____

Current school year group: _____

Address: _____

Postcode: _____

Please indicate (tick or highlight) if your child has any illness or medical condition which we should be aware of including anything that may affect their ability to take part:

- Asthma Allergies (give details)
- Epilepsy Date of last anti-tetanus injection if known:
- Diabetes Other (please specify below):

My child is on the following medication on a regular basis:

Medication	Dose & Frequency	Self administered (Yes/No?)

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. (tick or highlight) YES NO

Use of Video or Photographs

We may take video or photography of what goes on in the holiday club. The purpose of the footage is for use for promotion of the holiday club only and is not for general publication. Our guidelines also state that the footage will be group shots; carry no personal information and not to be retained beyond their usage.

Please tick or highlight if you give permission for your child to appear in photography or video footage intended for holiday club/church use only.

- YES NO

Name of parent/carer with parental responsibility:

Tel no: _____ Mobile: _____

If you will not be picking up the child/children, please list below the names of people who will be responsible for this.

Consents

I give permission for person named above to take part in the normal activities of the holiday club.

I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the holiday club.

I am aware that this is a church based group which follows normal Christian patterns & values.

I give consent for medical treatment/first aid that arises out of illness or accident.

Signed (parent/or adult with parental responsibility): _____

