

Holiday Bible Club Consent Form

Name:

Date of Birth: **Age:** **Sch Year:**

Address:

Parent email:

Emergency Contact 1:

Name:

Contact No:

Emergency Contact 2:

Name:

Contact No:

GP Name and No:

Any known allergies and conditions:

I give permission for my child's photograph to be taken during the club
(Photographs will be used for church purposes only)

YES / NO

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. We will not be responsible for the loss or damage of any personal belongings.

Signature of parent/guardian:

Date:

All above information will remain confidential and stored securely for church records.