

Holiday Club 2017 consent form

Please print in CAPITAL letters
(Please use 1 form per child)

I give permission for my child to attend holiday club

Child's full name

Address

Home telephone number

Email address.....

Emergency contact number.....

Date of birth.....

Name & telephone number of Doctor

.....
Details of any known medical conditions or allergies
(e.g Asthma, diabetes, hearing etc.)
.....

.....
Refreshments will be provided during the morning so
please ensure we know about any food allergies
.....
.....

I do/do not give permission for my child to have their
photo taken, to be used for a craft activity & for display
boards within the church.

I do/do not wish to be contacted about future events
that may be of interest to you or your child.

**In the unlikely event of illness or accident, I give
permission for any necessary medical treatment to
be given by the nominated first aider.**

**In an emergency and if I cannot be contacted, I am
willing for my child to receive 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 the details are complete & correct
to the best of my knowledge.**

Parent/Guardian signature _____

Date _____

**My child will normally be collected by the
following adult (s) at 12 noon.**

_____ or _____

Primary school attended _____

School year July 2017 (e.g Year 1) _____

Sibling or friend attending holiday club? _____

**Please return form to Ruth Gicquel/Lynne Jones
Lodge Farm Church, Lodge Hill, Caerleon NP18 3DL
Tel: 01633 421062/01633 42080**