

Holiday Club 2018 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.**

***I do/do not* agree to my personal information as
above being held on file by Lodge Farm Church in
accordance to General Data Protection Regulations.**

**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 2018 (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**