

Clincarthill Parish Church REGISTRATION / HEALTH FORM
“Stepping Stones” Holiday Club 3th- 6th August 2015

Child's Name:	Date of Birth:
Address:	Entering Primary?
	Tel. No.
Parent's E-mail:	
Emergency contact name and relationship:	Emergency contact tel. no.

Please give details of any medical conditions (e.g. asthma; diabetes); dietary needs (allergies) or disabilities which would be relevant to the safety of the child.

PARENTAL CONSENT: (Please only tick boxes if you withhold permission)

- I confirm that the above details are complete and correct to the best of my knowledge.
- I give permission for my child to take part in the Holiday Club.
- I give permission for my child to take part in feet painting. NO
- I give permission for their details to be entered into the holiday club database. NO
- I give permission for photographs or videos to be taken during the holiday club. NO
- I give permission for any appropriate First Aid to be given by the nominated First-Aider. NO
- In an emergency and/or 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. NO

Signature of Parent or Guardian :	Date:
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<u>Holiday Club Use:</u>
