Clincarthill Parish Church REGISTRATION / HEALTH FORM "Easter Alive" Holiday Club - Friday 19th April 2019

Child's Name:	Date of Birth:
Address:	Entering Primary?
	Tel. No.
Parent's E-mail:	
Alternate 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: 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 their details to be entered into the	holiday club database. YES NO
 I give permission for photographs or videos to be taker 	during the holiday club. YES NO
 I give permission for any appropriate First Aid to be giv Aider. 	en by the nominated First- YES NO
 In an emergency and/or I cannot be contacted, I am wi hospital treatment, including anaesthetic if necessary. I will be made to contact me as soon as possible. 	
I would like to hear about other activities within the chu	rch for my children. YES NO
Signature of Parent or Guardian :	Date:
Holiday Club Use:	