Clincarthill Parish Church REGISTRATION / HEALTH FORM

Advent Holiday Club - Saturday 30th November 2019

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| Child’s Name: | Date of Birth: | |
| Entering  Primary? | |
| Address:  Parent’s E-mail: |
| Tel. No. | |
| 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 taken during the holiday club.   YES NO   * I give permission for any appropriate First Aid to be given by the nominated First- Aider. YES 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. YES NO * I would like to hear about other activities within the church for my children.   YES NO | | |
| Signature of Parent or Guardian : | | Date: |
| Holiday Club Use: | | |