

HOLIDAY BIBLE CLUB PERMISSION SLIPS

CHILD'S NAME:

AGE:

PRIMARY SCHOOL CLASS LAST YEAR:

PARENT NAME AND CONTACT NUMBER :

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EMERGENCY CONTACT NAME AND NUMBER:

.....

WE ALSO REQUIRE INFORMATION ON MEDICAL CONDITIONS AND REQUIREMENTS ETC.

NAME OF DOCTOR:

PHONE NUMBER:

DETAILS OF ANY MEDICAL CONDITIONS/ALLERGIES AND MEDICATION THAT MAY BE NEEDED:

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ANY OTHER SPECIAL NEEDS OR REQUIREMENTS THAT MAY BE USEFUL:

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In the event of illness or accident, having parental responsibility for the child named above, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign, on my behalf, a written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes or for church social media. For this we need your permission.

Do you give permission for photographs/video to be taken of your child and used for church purposes? E.g. PowerPoint display in church service, future advertising of Holiday Bible Club *(tick as appropriate)*

YES NO

Do you give permission for photographs/video to be taken of your child and posted on the Church Website or Church Facebook/Social Media Page/Group? *(tick as appropriate)*

YES NO

I confirm that the above details are correct to the best of my knowledge.

SIGNATURE:

DATE:

NAME PRINTED IN FULL:

Please email completed permission slip to legacurrybibleclub@gmail.com to pre-register your child. Please note you will be required to physically sign the form on the first day they attend.

