



Registration & Consent Form
Wallingford Baptist Church Holiday Club 2018

(Please use a separate form for each child)

Full name of child:

Date of Birth: ____/____/____ Current School Year: R / 1 / 2 / 3 / 4 / 5 / 6

Address:

Post Code:

Parent Emergency Contact details

Name	Day-time phone number	Mobile phone number

Name of GP:

GP Telephone Number:

Address:

Post Code:

NHS No:

Date of last anti-tetanus injection (if known):

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) disability or special needs which may affect normal activity:

FOOD ALLERGIES:

Additional contact (grandparent etc or other holding parental responsibility):

Name:

Tel no:

Permissions (please delete as appropriate)

1. I **do/do not** give permission for my child to be photographed/videoed at holiday club with these pictures only being used *within* the church.
2. I **do/do not** give permission for images of my child to be used for publicity such as the church website or Facebook page.
3. I **do/do not** give permission for my child to be taken off the church premises for activities within the local area (children will be supervised at all times).
4. I **do/do not** give permission for my child's details to be entered on the church database.
5. In the unlikely event of illness or accident, I **do/do not** give permission for any appropriate first aid to be given by the nominated first-aider at WBC.
6. In an emergency, and if I cannot be contacted, I **do/do not** give permission 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.

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

Signed: <i>(parent or adult with parental responsibility)</i>
Print Name:
Relationship to child:
Date:
Email Address: (for future communications)

