

Hollywood Parish Summer Kids' Club 2017

24th-28th July 2017



N.B. All sections must be completed and consent must be provided by a person with Parental Responsibility. Please complete a separate form for each individual child using BLOCK CAPITALS.

Leaders need to know these details in order to meet the specific needs of your child.
Anything written on this form will be treated in confidence.

Child's Full Name **D.O.B** / /

Address: **Postcode:**
.....

Contact details for a person with parental responsibility (please sign below)

Name **Relationship to the child**

Phone numbers where I can be contacted in an emergency:

Home: **Work:** **Mobile:**

E-mail address (For correspondence regarding this organisation)

If unavailable contact:

Name: **Phone no**

Relationship to child:

Name and phone number of the child's GP

Details of any known conditions, allergies etc (e.g. asthma, diabetes, epilepsy, food allergies, allergy to plasters) and any medication being taken

Any other special needs, requirements or directions that would be helpful for the leaders:

Declaration

I give permission for my son/daughter to take part in the normal activities of this programme.

I will inform the leaders of Hollywood Parish Kids Club of any important changes in my child's health, medication or needs and also any changes to our address or to any of the phone numbers given above.

I understand that while involved he/ she will be under the control and care of the group leader and/ or other adults approved by the parish and that, while those in charge of the group will take all reasonable care of the children they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

In the event of illness or accident 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 any 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, images may be taken for general church purposes and for this we need your permission. **On signing this form we will assume you have given your permission for your child's photograph or video recording to be taken unless we are otherwise informed. If you have any reservations or concerns please speak to a leader.**

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

Signature: (Parent/Guardian) **Date:** / / 2017