

I give permission for my child to attend the Holiday Club.

Child's full name

Address

Home phone number

Date of Birth Age

Phone number where you can contact me in an
emergency

Details of any known conditions, allergies etc. (e.g. Asthma, diabetes)

.....

GP's Name and Address

.....

Any other special needs or requirements that would be helpful for the leaders to
know about

In the unlikely event of illness or accident, I give my
permission for medical treatment to be administered where deemed necessary by
the nominated first aider of the group, or by suitably
qualified medical practitioners. However, I understand that every
effort will be made to contact me as soon as possible.

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

I am willing for my child to be included in photographs or video footage for promo-
tion purposes, Yes No (please tick)

Signature of Parent/Guardian

Date

Please return completed form to Cornerstone Full Gospel Church Office,
Logos House, 74 East Way, Dalgety Bay. KY11 9JF
Telephone 01383 825095 (10am - 4pm Tuesday to Friday)