

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

Please note that the information above will be held on a computer. This is for church purposes only and will not be divulged to anyone unless required by law.

Child's full name:	DoB:
Name by which he/she is usually known:	M/F
Address:	
Name of Parent/Guardian to be contacted:	
Phone number where I can be contacted in an emergency:	
Home:	Mobile:
E-Mail Address:	
Second Contacts Name:	Relationship to Child:
Phone no (including code):	
Please indicate which date(s) you are interested in:	
<input type="checkbox"/> Mon 20 th November 2017 <input type="checkbox"/> Wed 14 th February 2018 <input type="checkbox"/> Tue 8 th May 2018	
Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:	
Doctor:	Phone Number
Do you give permission for photographs/video to be taken of your child and used for church purposes? E.g. Church Website, Facebook etc)	
<u>Children's names will not be given in any picture used.</u>	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

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

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

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

I confirm that the above details are correct to the best of my knowledge.	
Signature : (Parent / Guardian)	Date: