



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 emer	gency:
Home:	Mobile:
E-Mail Address:	
Second Contacts Name:	Relationship to Child:
Phone no (including code):	
Please indicate which date(s) you are interested in:	
☐ Mon 19 th November 2018 ☐ Wed 13 th Fe	ebruary 2019
Please indicate medical conditions, additional needs medication being taken and anything else that would	s, allergies or dietary requirements relevant to your child, any d be helpful for the leaders to know about:
Doctor:	Phone Number
Do you give permission for photographs/video to be Website,Facebook etc)	e taken of your child and used for church purposes? E.g. Church
Children's names will not be given in any picture use	<u>ed.</u>
YES 🔲	NO
In the event of illness or accident, having parental respaid to be administered where considered necessary by administered by a suitably qualified medical practition	
In the event of a medical emergency, leaders will end telephone numbers given.	leavour to contact you as soon as possible using the contact
I will inform the leaders of any important changes to rour address or to any of the phone numbers given abo	my child's health, medication or needs and also of any changes to ove.
I confirm that the above detail	Is are correct to the best of my knowledge.
Signature :	Date:
(Parent / Guardian)	