

St. Andrew's Church Parish of Killyman Holiday Bible Club 30th July - 2nd August

Registration & Consent Form

Please use a separate form for each child.

Child's full name				
Address				
		Postcode	!	
Date of Birth		Class at So	chool in Sept	
Emergency contac	t name			
Telephone				
Relation to child				
GP's name	N W W	100	30%	
GP's telephone				
Any known allergie	es or conditions		12 9	
			,/	
knowledge. In the appropriate first ai and if I cannot be outreatment, including	above details are counlikely event of illred to be given by the contacted, I am willing anaesthetic if neon tact me as soon as	ness or accident, e nominated firsting ing for my child t cessary. I unders	I give permissio t-aider. In an em to be given hosp	on for an ergency ital
	on for my child's pho ch Magazine and ou		=	
I give permissio	on for the St Andrew	v's Church to kee	ep these details o	on file
Signature of paren	t/guardian	D)ate	