

St. Andrew's Church Parish of Killyman Holiday Bible Club 29th July - 1st August

Registration & Consent Form 2019

Please use a separate form for each child.

Child's full name			
Address			
	Рс	stcode	
Date of Birth	Cla	ss at School in	Sept
Emergency contact name			
Telephone			
Relation to child			
GP's name			
GP's telephone			
Any known allergies or condition			
I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.			
I give permission for my child to be used in our Church Magazin		_	lub
I give permission for the St Ar	ndrew's Church	to keep these	details on file
Signature of parent/guardian		Date	