CASTLECAULFIELD PRESBYTERIAN CHURCH

"Who will be King?" Holiday Bible Club 14th-16th Aug 2017

Presbyterian
CHURCH IN IRELAND

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.

I give permission for my child to attend the Holiday Bible Club at the Acheson Hall and participate in all their activities.

Child's full name:	DoB:
Name by which he/she is usually known:	
Address:	
Name of Parent/Guardian to be contacted:	
Phone number where I can be contacted in an emergency: Home:	Mobile:
Second Contact's Name:	
Relationship to Child:	
Phone no (including code):	
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:	
Do you give permission for photographs/video to be taken of your child and used for church purposes? E.g. PowerPoint display in church service *(tick as appropriate)* ☐ YES ☐ NO Do you give permission for photographs/video to be taken of your child and posted on the Church Website or Church Facebook Page/Group? *(tick as appropriate)* ☐ YES ☐ NO	

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: