

Consent Form



(Please fill in a separate form for each child)

CHILD'S FULL NAME:

ADDRESS:
.....
.....
.....

EMERGENCY CONTACT NAME:

PHONE NUMBER:

ADDITIONAL EMERGENCY CONTACT NAME:

PHONE NUMBER:

GP'S NAME:

GP'S PHONE NUMBER:

ANY KNOWN ALLERGIES OR CONDITION:

ANY MEDICATION:

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.

SIGNATURE OF PARENT/GUARDIAN:

DATE SIGNED:

Registration



TIME: 10AM-12PM, 23-26 JULY

VENUE: RICHMOND ROAD BAPTIST CHURCH

CHILD'S FULL NAME:

SEX: M/F

DATE OF BIRTH:

PARENT'S/GUARDIAN'S FULL NAME:

PARENT'S/GUARDIAN'S SIGNATURE TO REGISTER CHILD:

ADDRESS:

EMERGENCY PHONE NUMBER:

I give permission for my child's and my details to be entered on the church database: YES / NO

I give permission for my child's photograph to be taken during the club. (The photographs will be used for church purposes only, including church magazines and press release): YES / NO