

Culcavey Hall Registration / Consent Form.

I give permission for:

Name:

Date of Birth:

1. _____.
2. _____.
3. _____.
4. _____.

Address:

_____.

Postcode: BT _____.

to attend

Please circle answer:

Holiday Bible Week Sunday School Countdown.

Does your child have any allergies? **Yes No**

If yes please give details:

Does your child have any medical conditions? **Yes No**

If yes please give details.

Is medication needed/ provided? **Yes No**

- In the event of an emergency, do you give permission for the child to receive immediate first aid or medical attention by a qualified practitioner? **Yes No**
- Do you give permission for your child to be transported in a leader's car in the event of an emergency? **Yes No**
- Do you give permission for your child's / children's photograph to be published in the local press and/or on the church's website **Yes No**
- A copy of Culcavey Hall Child Protection Policy can be available on request.

➤ Signed: _____.

Print name: _____.

Relationship to child/ children: _____.

Phone number where you can be contacted if necessary: _____.

Other emergency contact numbers

<u>Number</u>	<u>Name</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____