

# Culcavey Hall Holiday Bible Week.

## Registration / Consent Form.

I give permission for:

**Name:**

**Date of Birth:**

1. \_\_\_\_\_.
2. \_\_\_\_\_.
3. \_\_\_\_\_.
4. \_\_\_\_\_.

**Address:** \_\_\_\_\_

**Postcode: BT** \_\_\_\_\_.

to attend Holiday Bible Week at Culcavey Hall.

*Please circle answer:*

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

If yes please give details:

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

If yes please give details.

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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>
_____	_____	_____
_____	_____	_____
_____	_____	_____