

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:

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**

➤ Do you give permission for Culcavey Hall to retain the contact information on this form for the sole propose of informing you about similar events in the future? **Yes** **No**

➤ Signed: _____ Date _____.

Print name: _____.

Relationship to child/ children: _____.

Phone number where you can be contacted if necessary

Land _____ Mobile _____.

Other emergency contact numbers

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