



For more information contact Shirley Weston: 07513114225

PLEASE NOTE – A simple lunch will be provided at this event.

Please fill in the form and return it as soon as possible in order to book your place:

Name of child/children	Date of Birth	School Year	Medical Conditions/ Allergies

If your children have medical conditions/allergies please fill in the section overleaf.

Designated leaders (who have a DBS certificate) will be asked to take some photos and audio/video recordings of the event. The purpose of this will be to show what we've been doing and to help promote future events. **However no photos or recordings will be taken of your child without your consent.**

**Please complete the following (please delete as applicable)**

I agree / do not agree to my child (children) being photographed or recorded and for this to be used in promotional materials. *This will be available on the church website or church social media.*

Emergency telephone number/s \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature \_\_\_\_\_

**Additional Medical Information**

Please state the nature of the allergy or medical condition

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What treatment and medication is required?

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**Please note:**

If your child has an inhaler you **must** bring it in a labelled bag with instructions

If your child has an epi-pen you **must** bring it in a labelled bag with instructions

I give/do not give permission to Hope Church administering any medical care required in conjunction with medical advice.

Signed \_\_\_\_\_

*Please note that any information you give on this form will be kept securely on a database for the purpose of the holiday club only and will be removed shortly after the event.*