

Holiday Bible Club

Personal Details and Consent Form

(Please return to West Church, Ballymoney Road, Ballymena,
BT43 5BS or to a leader)

Name

Date of BirthSchool Year/ Primary

Full Address

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Contact Details

Home Tel:

Mobile Tel:

Name of Emergency Contact:.....

Emergency Contact Tel:

Please indicate details of any known medical conditions, allergies, special
needs or requirements:

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In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume that you have given permission for your child's photograph to be taken unless otherwise informed.

I note the above arrangements and give permission for my child to attend and participate in the Holiday Bible Club at West Church.

Signed

Print

Relationship to Child

Date