



# Holiday Klub

St Andrews Church, Cheadle Hulme  
17th-20th August 2010, 10.00 am - 12.30pm

**Child's Details** (Please use a separate form for each child.)

Name \_\_\_\_\_ Male/Female

Surname \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (as from 17/08/10) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of GP \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Details of any allergies/dietary/medical requirements or other, which we may need to know about \_\_\_\_\_  
\_\_\_\_\_

**Parent/Carers Details**

Name \_\_\_\_\_

Name \_\_\_\_\_

Contact Numbers 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Additional/Emergency Contact Details**

Name \_\_\_\_\_

How the child is known to the contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

PLEASE NOTE: THE CHILD'S PARENT/GUARDIAN MUST COMPLETE AND SIGN THIS FORM. Thank you.

**Additional Questions**

In the event of an accident I give permission for my child to receive appropriate first aid treatment.

In the event that my child requires the emergency medical services I give my permission for them to be contacted. If I can not be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. In the event, I understand every effort will be made to contact to the parent/guardian using the details over-leaf.

I give / I do not give permission for my child to take part in all normal activities of this group.

I give / do not give permission for images of my child to be taken for the group activities.

I give / do not give permission for images of my child to be taken for display/promotional purposes. (If prior consent may be sought for individual circumstances please tick the box [ ] )

I give/ do not give permission for my child's details to be entered on the church database.

I understand the arrangements and safety for my child to travel to and from the group is not the responsibility of the team at holiday club.

I understand my child is not in the care of the team at holiday club outside the group's opening times 10.00 am - 12.30 pm.

Please give any other details, which we should know about on a separate sheet of paper both dated and signed. [ ] extra sheets used.

I confirm that the details on this form are complete and correct to the best of my knowledge.

Signature of Parent/Guardian \_\_\_\_\_

Dated / / \_\_\_\_\_

Printed Name \_\_\_\_\_