



# WOTTON BAPTIST CHURCH HOLIDAY CLUB 2019

## To be completed by Parent or Guardian

Please circle group registering for by Date of Birth of your child

RED	YELLOW	GREEN	BLUE
1 <sup>st</sup> May 2013- 31 <sup>st</sup> Aug 2014	1 <sup>st</sup> Sept 2011 - 30 <sup>th</sup> April 2013	1 <sup>st</sup> Sept 2009 – 31 <sup>st</sup> Aug 2011	1 <sup>st</sup> Sept 2007 – 31 <sup>st</sup> Aug 2009

### CONTACT DETAILS

Name of Child		Date of Birth	
School		School Year (just finished)	
Address		Home phone	
		Mobile phone (parent/guardian)	
		Other emergency contact number	
E-mail			

### DOCTOR

Please tick

The Chipping Surgery, Symn Lane, Wotton-under-Edge, GL12 7BD    Tel: 01453 842214

Culverhay Surgery Culverhay, Wotton-under-Edge, GL12 7LS    Tel: 01453 843893

Other:    Tel:    Yes    No

### MEDICAL INFORMATION

Please provide details of any:

- Medical condition or disability
- Allergies
- Dietary needs
- Additional needs

Does your child have an inhaler? (Please check it is IN DATE and LABELLED)

Yes    No

### CONSENT

Do you give permission for your child to be taken off the premises?

Yes    No

Do you consent to photos being taken of your child for local display or publicity?

Yes    No

Do you consent to un-named photos being used on our church website?

Yes    No

In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.

Yes    No

Parent/Guardian to sign and print name:

Date: