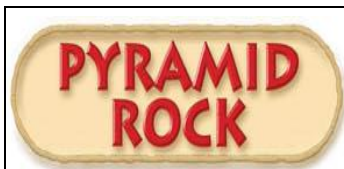


West Kirk of Calder and Polbeth Harwood Parish Church of Scotland



Holiday Club Registration & Consent Form Aug 6th - 10th 2018

Child's full name: <small>Please use a separate form for each child</small>	Date of birth: Class in August:	Sex please circle Male Female												
Address & Post Code:	Emergency contact name: Emergency contact phone number: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
Home phone number:	Email address:													
GP's name:	GP's phone number:													
Any known allergies, medicines or conditions [Please include details]: If your child uses an inhaler or other medication, please ensure they have it with them every day.														
Data I give permission for my child's and my details to be entered on the church database for 16 months only so we can be notified in advance of any future children's events. This information provided, will be held securely and will not be used for any other purpose than that for which it was provided. It can also be removed at any time. YES / NO														
Photography/Video Consent West Kirk of Calder and Polbeth Harwood Parish Church of Scotland are committed to ensuring good practice is followed in relation to the use of photography/video within church activities. This includes adherence to safe storage guidelines as outlined in the Good Practice Guidelines for use of photography/video at children's events within the Church of Scotland. I give permission for my child's photograph to be taken during the club. [The photographs will be used for church purposes only, including church magazines and church website] YES / NO														
I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for any appropriate first aid to be given by the nominated first aider. In the event of an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. Signature of Parent / Guardian _____ PRINT NAME _____ Date: _____														
All children must be brought to and collected from Polbeth Harwood Parish Church by an adult [over 16 years of age] Drop off 10am and collected at 12.30pm														
Polbeth Harwood Parish Church: Scottish Charity SC17373		West Kirk of Calder Church of Scotland: Scottish Charity SCO04703												