

St Christopher's Church

Arnewood Road, Southbourne,
Bournemouth BH6 5DW



Adventure Bugs Permission/registration form - confidential

Child's details:

First name:Surname:

Home address:

Tel no: Home:

Date of Birth:/...../..... Age:

Name of GP:Tel no:

GP's address:

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability, which may affect normal activity:

.....

Name of parent(s)/carer(s):

Tel no: Home:Mobile:

E-mail Address:

Additional contact (grandparent etc or other holding parental responsibility or foster carer)

Name:Tel no:

I give consent for my son/daughter to take part in the activities during the holiday club.

I understand that while taking part at the holiday club, he/she will be under the control and care of the group leaders and that while the staff at the event will take reasonable care of the children they cannot necessary be held responsible for any loss, damage, injury suffered by my child or as a result of the activity.

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitable qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

(please tick) YES NO

I give my consent for any photos or video taken of my child to be used by the church in a responsible manner (e.g. for a church presentation, for advertising an event, or for promoting children's ministry undertaken by the church, or on our website). YES NO

Do you give permission for your child to make their own way home YES NO

I confirm that the above details are correct to the best of my knowledge.

Signed (parent or adult with parental responsibility)