

GALILEAN HOLIDAY REGISTRATION / CONSENT FORM

Child's details

FIRST NAME

LAST NAME

DATE OF BIRTH

ADDRESS

POSTCODE

KNOWN ALLERGIES

/CONDITIONS

PARENT / GUARDIAN DETAILS

FIRST NAME

LAST NAME

TELEPHONE NUMBER

EMAIL

EMERGENCY CONTACT DETAILS

FIRST NAME

LAST NAME

TELEPHONE NUMBER

GP DETAILS

GP's NAME

TELEPHONE NUMBER

The New Wellwynd Parish Church, Airdrie
Scottish Charity Number: SC0012944

GALILEAN HOLIDAY REGISTRATION / CONSENT FORM

CONSENT

- ☐ I give permission for my child's and my details to be entered into the church database to be used only to contact you about the holiday club or future events.
- ☐ I give permission for my child's photograph to be taken during the club to be used for church purposes only including press release and church website.
- ☐ 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 an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
- ☐ I confirm that the above details are complete and correct to the best of my knowledge.

Signature of Parent / Guardian:

Date:
