



This form is to be completed for each child taking part in Backpackers Holiday Club held at All Nations Christian Centre between 29th July-2nd August 2019, 10am-12.15pm. Children cannot participate without a completed Parental Consent Form. Please complete this form in BLOCK CAPITALS.

About Your Child

Full Name	_____	Date of birth	DD / MM / YYYY
Address	_____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postcode	_____	School Name	_____
GP & Surgery	_____	School Year	_____
		GP Tel.	_____

Details of any allergies, medical or additional needs (please continue overleaf if necessary)

About You

Emergency Contact

Full Name	_____	Full Name	_____
Home Tel.	_____	Home Tel.	_____
Mobile Tel.	_____	Mobile Tel.	_____
Email	_____	Relationship	_____
Relationship	_____		

Consent

I consent to photographs/video being taken of my child for internal presentations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to photographs/video being taken of my child for external publicity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to my details being stored securely so that All Nations Christian Centre can keep me informed about future family events.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

- I agree to my child participating in the holiday club week.
- I understand that my child needs to be collected at 12.15pm.
- I confirm that the above details are complete and correct to the best of my understanding.
- I consent to All Nations Christian Centre holding and processing the supplied information in conjunction with our Data Privacy Policy (which can be found at www.allnationselim.org/dataprivacy) for the duration of the week.
- 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 anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature

Date