

**Linlithgow Churches
Holiday Club Registration & Consent 2022**

Child's Name:

Child's D.O.B:

Child's Address:

Postcode:

School Year:
(as of Sept 2022)



Parent/Carer's Name:
(1st emergency contact)

Email:

Can we email you about subsequent events in the year like Sunday Club, Messy Church, and Seasonal

Holiday Clubs? Please circle Yes / No, thanks!

Main Contact Number:

2nd Contact Number:

2nd Emergency contact name:

Main Contact Number:

2nd Contact Number:

GPs name:

GPs Tel:

Please list details of any known medical conditions, allergies (e.g. allergy to plasters/nuts), disabilities or any medication that your child may be taking:

Please list details of any additional support needs and any suggestions on how to best provide these for your child:

By signing this form:

I give consent for my child to participate in the Linlithgow Churches Holiday Club 2022.

I understand that the leaders will take all reasonable care in looking after my child but that the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my child or their possessions. I understand that the leaders are not responsible for the care of my child outside the times of the club and that I must inform the leaders if my child is being collected by someone other than myself.

I give permission for photographs and videos to be taken of my child and used by the Linlithgow Churches in their media and publications. This includes articles in the local press and our online media. Children will not normally be identified by name by the church.

Please state here if you disagree with your child's image being used by the Linlithgow Churches:

I understand that the churches strive to provide a safe and enjoyable club. In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by a nominated first aider.

In an emergency, if I am not contactable despite all reasonable attempts to do so, I am willing for my child to receive emergency medical/dental treatment, including anesthetic, as considered necessary by the medical authorities. I understand that every effort will be made to contact me as soon as possible.

I confirm that the information on this form is correct to the best of my knowledge. I consent to my information being stored and used by the Linlithgow Churches to keep me updated with relevant events and information. I understand that it is my responsibility to immediately inform the Holiday Club organisers if any of the information on this form changes.

Please state here anything else you'd like to include in this form:

Your Signature:

Date:

Please return to the Church Office in Cross House or scanned form to holidayclub@stmichaels-parish.org.uk