ROCK

Kids club

**First Saturday of each month
11am-12.30pm**

Primary School Age

Getty Halls, Craigy Hill Presbyterian

Games, baking, craft, singing, stories

ROCK kids club

Child's name:

Date of birth:

Address:

Phone number(s) where I can be contacted in an emergency:

First contact name: | Relationship to child:

Home telephone number: | Mobile:

Second contact name: | Relationship to child:

2nd contact telephone number:

Doctor's name: | Doctor's telephone number:

Please give details of any known conditions, allergies etc (asthma, diabetes, epilepsy) and any medication taken:

Please give details of any other special needs, requirements or directions that would be helpful for leaders to know:

MEDICAL TREATMENT
In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.
On signing this form we will assume you have given permission for the above unless otherwise informed.

PHOTOGRAPHS, VIDEOS AND WEBSITES
During the time your child will spend with us, photographs and/or video footage may be taken by leaders for general church purposes and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless otherwise informed.
I confirm that the above details are correct to the best of my knowledge and that I give my permission for my child to take part in the programme of the above named organisation.

Signature:
(Parent/Guardian) | Date: