*The Holiday Club will run Tuesday 9th and Wednesday 10th April 9:30am-12:30pm at The Potting Shed Church, NG23 6BB.*

*Please fill out all parts of this form, sign and date and return to* [*office@thepottingshedchurch.org*](mailto:office@thepottingshedchurch.org) *in order to book your child’s place.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | | |
| Date of Birth: |  | | |
| School: |  | School Year: |  |
| Address: |  | | |
| Is there another child you would to be grouped with? |  | | |
| Name of Parent(s)/Guardian(s) |  | | |
| Home phone number:  Parent’s Mobile: |  | | |
| Parent’s Email: |  | | |
| Alternative emergency contact name and number: |  | | |
| GP’s Name: |  | | |
| GP’s Number: |  | | |
| GP’s Address: |  | | |

**Personal Information:**

**General Health Information:**

*Please tick and fill out relevant information:*

Does the participant have any allergies?

No ☐ Yes ☐

If yes, please give details. (details – severity, EpiPen information etc.)

Does the participant have any illnesses or disabilities relevant to this event/activity?

No ☐ Yes ☐

If Yes, please give details. (details – any and all relevant)

Is the participant currently taking medication and do they self-medicate?

No ☐ Yes ☐

If Yes, please give details (details including reason for its use, and whether you are happy

for the designated first aider to administer if needed)

Are you happy for the first aider to administer

Ibuprofen or Paracetamol for minor aches and pains?

No ☐ Yes ☐

**General Consent:** Please tick or delete as applicable

I consent to un-named photos being used on the church website and church displays.

No ☐ Yes ☐

In an emergency, if I cannot be contacted, I give permission for my child to receive

first aid or necessary hospital treatment, including anaesthetic.

No ☐ Yes ☐

I understand that while those working with my child will take all reasonable care,

they cannot necessarily be held responsible for any loss, damage or injury suffered

by my child during, or as a result of, the activity.

No ☐ Yes ☐

Any other information (including dietary requirements):

Signature of Parent/Guardian: Date:

*By signing the consent form, please be aware you are also consenting to The Potting Shed Church keeping these details purely for this event in accordance with the latest GDPR rules. If you have any issues, please email* [*office@thepottingshedchurch.org*](mailto:office@thepottingshedchurch.org)*.*