

ANY MEDICAL CONDITIONS OR PARTICULAR NEEDS (eg
asthma, allergies, current injuries etc):

ANY DIETARY REQUIREMENTS (snacks and refreshments will
be provided throughout the morning):

DETAILS OF ANY MEDICATION (please ensure an adequate
supply is brought to Holiday Club, if it might be needed, and
given to one of the Welcome Team or Group Leaders):

ANYTHING ELSE WE SHOULD KNOW IN ORDER TO TAKE CARE
OF YOUR CHILD:

NAME OF SECOND CONTACT (in case of emergency):
SECOND CONTACT'S PHONE NUMBER(S):

NAME OF CHILD'S GP:
GP'S ADDRESS:

GP'S PHONE NUMBER:

Signed:

(Parent/Guardian – please delete as appropriate)
Name of anyone else who might collect child:



St Mary's Church Wargrave
With Knowl Hill

28-30 AUGUST 2019



MISSION IMPOSSIBLE

HOLIDAY CLUB



FOR 5-11 YR OLDS
9.30-12.30

Join us on a special 'Mission Impossible' themed week for heaps of fun, games, crafts, activities and Bible teaching.

A jam-packed, fun-filled few days!
We ask for a contribution of £20 per child for the three days (day rate £7.50).
To sign up, just fill in both sides of the registration form opposite, cut off, and return to Camilla Cook, c/o St Mary's Church Parish Office, Mill Green, Wargrave, RG10 8EU.

Please use one form per child and send payment with the booking form.
(cash or cheques payable to PCC of St Mary's Wargrave).

For all enquiries, please contact
camillacook@btconnect.com

- I understand that the event will be properly supervised by adults aged 18 or over who have been safely recruited.
- I agree to any emergency medical treatment being given as considered necessary. I understand that leaders will take all reasonable steps to contact me first. (NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist upon parental consent before treating a child. Medical staff do, however, find this type of general consent helpful).
- I agree to qualified leaders administering emergency first aid treatment eg plasters, bandages etc.
- I agree to appropriate group photos/video being taken for the sole purpose of church publicity (these will be stored securely in accordance with safeguarding/GDPR best practice - tick below to withhold consent).

NAME OF CHILD:

FULL NAME OF PARENT/GUARDIAN:

ADDRESS:

EMAIL:

PHONE NUMBER(S):

CHILD'S CURRENT SCHOOL YEAR:

CHILD'S DATE OF BIRTH: / /

The details given on this form will be stored securely and used only for communication regarding Holiday Club. If you are happy to be contacted about other St Mary's family events then please tick here:
Please tick here to withhold consent to any photos or video recordings being taken of your child:

