

Going Bananas Holiday Club 2018

Child's full name	M/F	Primary Class in 2017/18	Date of Birth	Any medical condition/allergies or any other information we should know.

School: _____
 Home Address: _____
 Email address: _____
 Emergency Contact Name and Telephone number available during club time: _____

I give permission for my child's photograph to be taken during the club. **YES / NO**
 (The photographs will be used for church purposes only, including the church website.)

I give permission for my child's and my details to be held by Inshes Church, Inverness. **YES / NO**
 (Please ask to see the Church's Privacy and Safeguarding Policies for more information.)

We would like to let you know about other events. If you would like us to contact you please tick this box.

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 anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
I confirm that the above details are complete and correct to the best of my knowledge.

Full Name of Parent/Guardian: _____

Signature: _____

Date: _____