

2016 HOLIDAY CLUB CONSENT FORM



FAMILY NAME: _____

Child's Name: _____	Child's Name: _____	Child's Name: _____
Current Class: _____	Current Class: _____	Current Class: _____
School: _____	School: _____	School: _____
Child's DOB: _____	Child's DOB: _____	Child's DOB: _____
Other Info (medical or special needs): _____ _____ _____	Other Info (medical or special needs): _____ _____ _____	Other Info (medical or special needs): _____ _____ _____

Parents/Guardians Full Names: _____

Address: _____

Parent /Guardians Mobile #: _____ (please state if Mum or Dad)

Parent /Guardians Home Ph # or other parent's #:: _____

Parent /Guardians Email: _____

Consent: (*Consent indicated by ticked boxes*):

I give consent for my child(ren) to attend the **Crinken Kids Holiday Club** run by **Crinken Church** from 4th-8th July 2016.

I give consent for Photographs and videos to be taken+used.
(For promotional use only. Identifying names will never be used.)

In the case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby authorise the Crinken Church Children's Coordinator to seek emergency medical treatment for my child in the event that such treatment is deemed necessary and to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger my child's health.

Signed: Parent's Signature _____ Date _____