

**Holiday Bible Club 2019**  
**Consent Form**

**Child's Name:** \_\_\_\_\_

**Date of Birth** (dd/mm/yyyy) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Details:**

**Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**GP's Name:** \_\_\_\_\_

**GP's Phone Number:** \_\_\_\_\_

**Has your child any known allergies or conditions?    YES / NO**

*(if 'YES' please provide details below)*

*I consent to my child being involved in the activities of this club.*

*In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given. In an emergency and if I cannot be contacted I am willing for my child to be given hospital treatment. I understand that every effort will be made to contact me as soon as possible.*

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**Signature of Parent/Guardian**

**Date:** \_\_\_\_\_