

# Holiday Bible Club Consent Form



Please list the name and age of the child(ren) who will be attending, and any medical requirements or allergies our leaders should be aware of.

**Child's Name**

**Age**

**Medical Requirements**

Child's Name	Age	Medical Requirements

Do you give permission for photographs/video to be taken of your child(ren) and used for church purposes? e.g. PowerPoint display in church service.

**Please circle as appropriate:**    Yes / No

In the event of illness or accident, having parental responsibility for the above named child(ren), I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

**Parent/Guardian's Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

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

**Home Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Please note:** The consent form above does not cover the Family Fun Night, all children who attend on Thursday 25<sup>th</sup> August must be accompanied by a responsible adult.



## More Information

For more details about the activities mentioned overleaf, directions to Brookside, and our parking arrangements visit:  
[www.brooksidepc.org/summer2022](http://www.brooksidepc.org/summer2022)