Please list any allergies or medication we should be aware of:

**Aquanaut Adventure**



Please enter relevant medical history (eg. special needs) you feel we should be aware of (or attach as separate sheet):

**If any changes in medication, allergies or medical history occur, please ask the group leader for a new consent form**

Are you happy for a trained person to administer emergency first aid should the need arise? **Yes / No**

Would your child like to be with a friend?

**Additional notes**

**Photographs** – Occasionally, photographs may be taken of

group activities where your child is identifiable. These will be

used to create a ‘diary’ of the event on our Facebook page and

website. *If you do not want your child to be photographed in*

*this way, please make sure that Jenne or Steve knows.*

**Data Protection** – A copy of this form will be stored in the parish office and held by the event organisers. Your contact details may be securely stored electronically and used to contact you about events St Michael's is running that may be of interest. The information will not be made available to any 3rd parties. The option to unsubscribe and have your details deleted is available at any time. Should you have any issues with the above, please contact Jenne Pape or talk to your child’s group leader.

**Please sign and date this form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Holiday Club**

St Michael’s Church, High Street, Waddington

Monday 30th July to Friday 3rd August 2018

10.00am to 12.30pm

For children aged 5 to 11

Please return a completed form for each child **by 20 July 2018**

to St Michael’s Church or

Hall Cottage, Hill Top, Waddington LN5 9RL

Come and join our submariners for a week of fun, games and crazy adventures. We’ll be enjoying singing, competitions, drama, Bible stories, refreshments, crafts and much more...

**To make sure we have enough leaders for the number of children, you must register in advance.**

**You will be informed if your child does not have a place.**

**If you have not informed us beforehand and your child does not attend on the Monday, we may give their place to another child.**

There will be no charge for the holiday club, but any donations will be gratefully received.

For further details or more copies of this form please contact Jenne Pape on 07747 124485 or papejenne@gmail.com

**St Michael’s Church Holiday Club**

This consent covers the St Michael’s Church Holiday Club to be held at St Michael’s Church from 30th July to 3rd August 2018. You will have the opportunity to review this form when you first bring your child to the Holiday Club should any additional information be required.

Child’s details

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School year just finished \_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church attended (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians details

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime contact no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional emergency contact details

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime contact no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_