



CONSENT FORM



Child's full name.....

Address.....

Post Code Date of Birth..... School Year

Parent / Guardian's full name.....

Address (if different from above).....

Telephone Mobile

Second Emergency Contact Person.....

Address (if different from above).....

Telephone..... Mobile

MEDICAL CONDITIONS & ALLERGIES - Does your child have any medical conditions or allergies that we need to be aware of ie asthma, epilepsy, allergic to plasters etc?

SPECIAL NEEDS / DISABILITIES - Is there anything we need to know ie ADHD, Deafness, Learning Difficulties, etc?

Declaration

I give my consent for the above named child to attend Kidz Klub.

I give my consent for workers to give my child First Aid or to be taken to the nearest hospital in the case of an emergency.

I give my consent for video footage or photographs to be used by Kidz Klub (Plymouth) or by Plymouth Christian Centre as deemed appropriate by the Management Team.

Parent / Guardians Signature Date

FOR OFFICE USE ONLY

Shark/Scorpion

Visitor _____