

Trinity Methodist Church Pyramid Rock Consent Form

Holiday Bible Club
Monday 14th - Friday 18th August 2006
2.30 - 4.00pm & 7.30 - 9.00pm
PLEASE COMPLETE AND RETURN

Child's Name

Address

.....

Age: ----- Date of Birth -----

Contact Phone Number:.....

Contact Mobile Number:

(Numbers where parents may be contacted)

I give permission for my child to attend the Holiday Bible Club from
Monday 14th – Friday 18th August 06
2.30-400pm & 7.30-9.00pm - and to take part in all activities.

Photographs will be taken during the Bible Club week, which may be used
within the Church and in the local press. If you do not wish your child to be
included please let us know.

Please give details of any allergies or medical conditions we should be
aware of:

In an emergency every effort will be made to contact you at the numbers
given. If we are unable to contact you it may be necessary to administer
First Aid or give Medical Assistance to your child.

I agree to my child receiving qualified medical attention in an emergency.

Signature: _____ Parent / Guardian