

St John the Baptist Kingston Vale
Noah's Super Hero's Holiday club
Registration and medical contact information

Full name child 1

Full name child 2

Full name child 3

Date of Birth child 1

Date of Birth child 2

Date of Birth child 3

Address

Telephone

Email

Please provide a second emergency contact in the unlikely event a parent or guardian can not be contacted.

Name

Address

Telephone number

Relationship to child

Allergies (Please state none if this is the case)

Medical information (Please state none if this is the case)

I give Permission for a first aider to attend to my child and in the unlikely event it may be required to seek emergency medical care should the situation require it and a representative of St John the Baptist church will always make contact with parent/guardian or other emergency contact.

YES / NO SIGNED BY PARENT OR GUARDIAN

Permission to contact you

Email YES / NO

phone YES / NO

WhatsApp YES / NO

Facebook YES / NO

I do / I do not give permission for photo's/ video footage of my child/children to be taken by Jungle adventure club to be used By St John the Baptist church only for the purpose of publicity/ online use i.e. social media/ communication purposes with in St John the Baptist church.

If permission is given please Sign, name and date below

Signature Full name

Date

If you have any questions or for assistance filling in this form or you require a printed copy.

please Speak with Myself Vicky Capanna (orchardchurch@inthevale.org.uk) or the church office (stjohns@inthevale.org.uk) and they will put you in touch with some one who can assist you.