



Parent / Carer Registration & Consent Form  
Record Breakers  
Holiday Club for Primary School Children

Please complete a separate form for each child and return it with your payment, to Emma Dixon at the address below.

The details you provide on this form will be added to our church suite database for registration purposes for Holiday Club. This information will only be available to the Children and Families team at St Thomas' and will be kept confidential. By completing this form you will also be able to register your child for future events online through [www.st.tees.org.uk](http://www.st.tees.org.uk).

<p>Please tick the sessions you wish to register your child for.</p> <p>All sessions are at St Thomas' Church, Marton Street, Lancaster, LA1 1XX From 10am to 1pm</p>	<input type="checkbox"/> Tuesday 9 <sup>th</sup> April <input type="checkbox"/> Wednesday 10 <sup>th</sup> April <input type="checkbox"/> Thursday 11 <sup>th</sup> April <input type="checkbox"/> Friday 12 <sup>th</sup> April
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**SECTION A – YOUR CHILD'S DETAILS**

Child's full name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Their home address \_\_\_\_\_

Postcode \_\_\_\_\_ Home tel. no \_\_\_\_\_

School Year \_\_\_\_\_ School/Nursery \_\_\_\_\_

**SECTION B – YOUR DETAILS**

Your name(s) as parents/carers \_\_\_\_\_

Your relationship to the child \_\_\_\_\_

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

Email address/es \_\_\_\_\_

**1. DETAILS OF GROUP**

The activities planned for Record Breakers Holiday Club will involve children moving between buildings on the church premises as they take part in crafts, games and other group activities.

I agree to my son/daughter/ward named above taking part in such activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.

**2. EMERGENCY DETAILS**

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the no(s) given on page 1, or the following no(s)

\_\_\_\_\_

My address (if different to child's)

\_\_\_\_\_

c) Please state an emergency contact point (*this **must not** be someone already named on this form as a parent or carer. We need an alternative in case you cannot be contacted*)

Name of contact \_\_\_\_\_

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

Telephone no(s) \_\_\_\_\_

d) Family Doctor (name) \_\_\_\_\_

Doctor's phone no \_\_\_\_\_ Doctor's surgery \_\_\_\_\_

**3. MEDICAL INFORMATION**

Does your child suffer from any of the following conditions?

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any other condition requiring medical treatment, including medication? Yes/no

If YES, please provide details \_\_\_\_\_

\_\_\_\_\_

Is your child allergic or sensitive to any medication (eg penicillin) insect bites, food, plasters or anything else? Yes/no

If YES, please provide details \_\_\_\_\_

\_\_\_\_\_

Has your child been immunised against Tetanus (lock jaw)? Yes/no

If YES to tetanus, please give date (if known) \_\_\_\_\_

Is your child taking any form of medication on a regular basis? Yes/no

If YES, please give full details, indicating the type of medication and dosage.

\_\_\_\_\_

Do you give your consent to this medication being administered to your child? Yes/no

*Please ensure that you supply correct supplies of medication and dosage to the leader in charge.*

Does your child have any special dietary needs? \_\_\_\_\_

Is there anything else the group leaders should be aware of, eg any special educational needs, family circumstances etc? Please give details below, continuing on the next page if needed.

\_\_\_\_\_

\_\_\_\_\_

#### 4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser, I also understand that any extension of insurance cover is my responsibility.

#### 5. DECLARATION

I consent to my child, named on this form, taking part in holiday club activities and declare my child to be in good health and physically able to participate in all activities, other than what I have already declared.

I am aware of the levels of insurance cover.

I am aware that I am responsible for the arrival and collection of my child at the group meeting times.

I consent to my child being assisted in toileting where necessary and when requested.  
Yes / No / Not Applicable

I consent to photos or videos of my child being shown within church eg in Sunday services Yes / No

I consent to photos or videos of my child being shown outside of church eg on the web site Yes / No

On Sunday 14<sup>th</sup> April we will have a special morning service and lunch, to which you and your family are invited. As part of this service we will show a video of the week. If you wish your child **NOT** to appear in this video, please contact Emma Dixon in writing.

**I will ensure that any change in the circumstances will be notified to the organiser.**

I enclose \_\_\_\_\_ (£4 per session or £14 for the whole week, cheques payable to St Thomas's Church)

Signature of Parent / Carer \_\_\_\_\_ Date \_\_\_\_\_

Name in block letters \_\_\_\_\_

St Thomas's has a building project to update our buildings and create more space and better facilities. This will really benefit future Holiday Clubs and other ministries. Funding for this project will largely consist of donations from church members and the community.

If you would like to contribute to the project, we would be very grateful for any donation, and would suggest approximately £6. This is entirely optional.

I enclose \_\_\_\_\_ for St Thomas's building project.

**Please return this form, together with your payment in cash or cheque to:  
Emma Dixon, St Thomas Church Centre, Marton Street, Lancaster, LA1 1XX**