

Grove Methodist Church - Children's Fun Activity Week - (5th - 9th Aug.)

Registration Form -

(Please complete the Registration and the Medical Form in full)

Child's details

Surname	First name	Date of Birth	Male/Female
Address			
Home Tel. No.	Likely contact name	Relationship to child	
Emergency Contact (1)			
Emergency Contact (2)			

Name of person collecting child from inside the Grove Centre

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I agree to my child attending the Activity Week and to his/her participation in any or all of the activities. I understand that whilst every care will be taken by the organisers, they cannot be held responsible for incidents arising out of the unreasonable behaviour of this child or others.

Signed.....(Parent/guardian)

Name

Relationship to child (mother, father, grandmother etc)

Please sign below if you are happy to do so:

I give permission for photographs to be taken of my child during the Activity Week:

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I give permission for a photograph of my child to appear in the Grove Vine (the church magazine) or to be put on a church noticeboard

I give permission for a photo of my child to appear on the website of the Grove Methodist Church or Horsforth Churches Together

I am happy for the information on these forms to be kept by the Grove Methodist Church

Medical Form - *This information will be held in confidence*

Child's details

Surname	Forename	Date of Birth	Male/Female
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Family Doctor's Details

Name of GP	GP's Tel . No.
Surgery Address	

Essential Medical Safety Information

1. Does your child suffer from any condition requiring medical treatment?	Yes/No
If "Yes" please give brief details	
2. Is your child receiving any medical treatment at present?	Yes/No
If "Yes" please give brief details	
3. Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious?	Yes/No
If "Yes" please give brief details	
4. Is your child allergic to anything (e.g. Medication, food , drink, plaster)	Yes/No
If "Yes" please give brief details	
5. Has your child received a tetanus immunisation in the last 5 years?	Yes/No

I give permission for the Activity Week organisers to arrange any emergency medical treatment should this be considered necessary, by the medical professionals.

Signed(Parent/guardian)

Name Relationship to child (Mum, Gran etc).....

Please return this by scanning & emailing the completed form to revmgodfrey@gmail.com or putting it in an envelope, with Fun Activity Week form written on it, and posting it through the letter box on the door of Parlour at Horsforth Grove Methodist Church (building on the right as you enter the lower Grove car park in New Street).