

Easter Activities Morning 13th April 2022

**(Because of the requirements of the Children Act,
a separate form is required for each child.)**

THE INFORMATION IS CONFIDENTIAL AND WILL BE KEPT AS SUCH.

Full name of child.....

Date of Birth..... Age:.....

Address.....

Postcode..... Telephone Contact Number

*I authorise only (name of responsible person)
to collect my child OR I allow my child to return home alone. (please delete as appropriate)*

G.P's name and telephone number.....

Relevant information we should know about. (e.g. allergies, special needs etc.)
.....

In the unlikely event of illness of an accident, I give my permission for any appropriate first aid to be given by a First Aider. In an emergency, and if I cannot be contacted, I give consent for my child to receive treatment by a G.P and/or hospital, including treatment under a general anaesthetic. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Signature of parent/ adult with parental responsibility

We also require a signature for permission to keep these details both as paper copies and on a secure computer. They will not be passed on to third parties

Signature of parent/ adult with parental responsibility

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**United Reformed Church , Church Hall, Rear of 77 High Street ,Broadway
Easter Activity Morning**

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