

# St Thomas Holiday Club 2016

5th - 8th April 2016, 10 - 12.30pm

My child will normally be collected by the following adult(s) at 12.30pm

Name/s \_\_\_\_\_

Please complete the following section and give details.

Does your child suffer from any allergy or recurring illness?	
Does he/she take any regular medication?	
Any other information we should know about? e.g. special dietary requirements, special needs etc. (We may need to discuss whether we can cater for your child)	

Name, address and telephone number of your child's registered GP

\_\_\_\_\_

\_\_\_\_\_

If it becomes necessary for my child to be given urgent medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment, judged to be necessary and urgent, by the nominated first aider or a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities. I understand that every effort will be made to contact me as soon as possible.

In accordance with the Data Protection Act I understand a record of the details on this form will be kept on a data base for use by the church only. Photographs may be taken of children during this event for use in future publicity, either printed or on the church website, and video for use as a part of the Holiday Club.

My signature indicates acceptance of all the above.

Signed \_\_\_\_\_

Date \_\_\_\_\_



For Reception to Year 6



**ST THOMAS**  
**OAKWOOD**

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