

Holiday Club Permission, Communication And Emergency Contact Form



DETAILS OF YOUNG PERSON:

Full name: _____ Date of Birth: _____

Name of School: _____ Current School Year (e.g. P5): _____

Any medical/dietary/additional support needs you wish to disclose to the Holiday Club Team: _____

NON-EMERGENCY COMMUNICATION (OPTIONAL)

Please tick the boxes below where you choose to allow permission for the particular item.

I give permission for St James' Church of Scotland and/or Out of the Box to:

Take **VIDEO** and **PHOTOGRAPHS** during **Holiday Club**, which may be used for future advertising and/or shared on the church website/facebook page.

Contact me via **E-MAIL** in relation to **Holiday Club** and future events relevant to my child

PARENTAL CONSENT AND EMERGENCY CONTACT DETAILS

Parent's/Guardian's Name: _____

Tel / Mobile No: _____

Email: _____

Emergency Contact Name (if different from above): _____

Emergency Contact Number (if different from above): _____

In the event of an emergency it is vital we have telephone contact details for your child.

I give permission for my child to attend *Amplify* Holiday Club.

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

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent's/Guardian's Signature: _____ Date: _____

Privacy Notice: This form allows the **Church of Scotland** vital medical information for our records along with consent for your child to attend **Amplify Holiday Club**. We will process your personal information in line with data protection law. You can withdraw consent for your child at any time. You can withdraw your consent for the Church to hold "optional" details at any time. You can also ask us to update your details. Please be assured that the information on this form will be kept safe and will **NOT** be used for any other purpose than communicating with you in an emergency unless otherwise stated above.

If you wish your details to be updated, or to withdraw your consent, please contact **Peter Brash** at lossiechurch@gmail.com