



**Arbroath Old & Abbey Church
Summer Holiday Club
Information and Consent Form**



The 2017 Summer Holiday Club will run from **Monday 7th August through to Friday 11th August, from 10am to 12 noon each day**. Arrangements for Wednesday, however, will be slightly different as the group will be going on a visit to Murton Farm, Forfar and you will be asked to complete a separate form for this. In order to ensure your child's safety, we would be grateful if you would complete this form. Please let us know if any of these details change. A copy will be retained confidentially by the group leader. **The cost is only 50p per day, including the trip to Murton Farm.**

Congregation: Arbroath: **Old and Abbey Church of Scotland**

Church group: **Summer Holiday Club 2017**

Name of child:

Date of birth of child:

Address of child:

Name of person responsible for child:

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Contact details of responsible person:

Telephone No. (Day): Evening:

Name of additional person responsible for child:

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Contact details of additional person responsible:

Telephone No. (Day): Evening:

Name of GP:

GP's Telephone No:

Date of last tetanus:

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:

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Parental Consent:

- I give permission for my child as named overleaf to participate in the normal activities of this group.
- I understand that separate permission will be sought for outings lasting longer than the normal meeting time of the group.
- I understand that while involved in the activities of this group, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

In an emergency if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

Yes No

Signature of person responsible for the child:

Date:

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Days attending (Please tick)

Monday
Tuesday
Wednesday
Thursday
Friday

Paid Yes / No

