

**Young person’s details**

|  |  |
| --- | --- |
| Activity: Backpackers Holiday Club | Date: Tuesday 27th August – Friday 30th August |
| Name of child: | Date of birth: |
| Address: | Phone number & Email address: |
| 1. Emergency contact (name, relationship, phone no) | 2. Emergency contact (name, relationship, phone no) |
| School attended and current year group: | Name , address & phone no of GP: |
| Details of any medical condition: | Details of any allergies: |
| Details of any special needs: | Any other relevant information (eg dietary requirements) |
| If your child would like to be in the same group as a friend – the name of that friend: |  |

Please turn over, complete & sign the other side of this form.



St Andrew’s Church Registered Charity Number 1128973. All Saints is an Excepted Charity.

**Young person consent form**

I give permission for (name of young person) ……………………………………………………………………….

to take part in the activities at Holiday Club at St Andrew’s church from 27th – 30th August 2019.

I understand that while involved there they will be under the control and care of adults approved by the churches leadership and that, while the person in charge of the group will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered during, or as a result of the activity.

By completing the form and signing it you are confirming that you are consenting to St Andrew’s and All Saints, Malvern holding and processing your personal data for the following purposes (please tick all the boxes where you grant consent)

□ In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by a first aider. In an emergency and if I cannot be contacted as indicated, I am willing for the young person named above to receive dental or hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible

□ I give permission for my child’s photograph to be taken and used for holiday club publicity purposes.

□ I give permission for the information given to be used to ensure the best care of my child whilst at holiday club and understand that after holiday club this form will be shredded.

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

Signed: ………………………………………………………………… Date: ………………………………….

Print name: ………………………………………………………………...

Relationship to young person: ……………………………………………

If you would like to be kept in touch about future events, including holiday club, Light parties and other events which may be of interest please complete the attached ‘Keeping in touch’ form.

Please return completed forms to Kirsty Oldfield, Administrator, St Andrew’s Church, Churchdown Road, Malvern WR14 3JX. Please make cheques payable to **“Malvern Wells and Wyche PCC”**



Keeping in touch

Holiday club consent form

St Andrew’s Church Registered Charity Number 1128973. All Saints is an Excepted Charity.

We hope you will enjoy your time with us at Holiday Club and we would love to stay in touch with you. If you would

to be informed of future events for children and families, including future Holiday Clubs and the Light Party, please tick

the box below and let us have your contact details.

Name: ……………………………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………

If you tick the box above, we will add you to the mailing list. You can unsubscribe at any time by contacting the Team

Office as detailed below.

You can find out more about how we use your data from our ‘Privacy Notice’ which is available from our website or

from our Team Office as detailed below.

You can withdraw or change your consent at any time by contacting the team administrators:

Email administrators@standrewsandallsaints.org

Telephone: 01684 576582

Or write to: Team Office, St Andrew’s Church, Churchdown Road, Malvern WR14 3JX