

Child's Name	Date of Birth	School & Year

Any known allergies, medical conditions or current medication. Please give details for each child and continue over side if necessary,

Parent/Guardian Name/s:	
Home Tel no:	
Mobile No:	
Email address:	
Address:	
Family GP & Address:	
Tel No:	
In the unlikely event of illness or accident I hereby give permission for any necessary medical treatment to be given by the nominated first-aider.	Parent/Guardian initial & date:
In an emergency, I give permission for my children to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.	Parent/Guardian initial & date:
I give permission for my children's photographs to be taken and used (without names) if appropriate. These may appear on our church website	Parent/Guardian initial & date:
I give permission for the above details to be kept on St Thomas' protected database for one year.	Parent/Guardian initial & date:
I give permission for my child/drens face/s to be painted with face paints.	Parent/Guardian initial & date:

Signed Parent/Guardian **Date:**

Print Name