**Zion Baptist Church – Holiday Bible Club 2025**

**(Monday 28th July – Friday 1st August)**

**Parental consent form**

Please complete this form and return as soon as possible by email or post:

Mrs Ellen Gay - [ellengay@rocketmail.com](mailto:ellengay@rocketmail.com); 12 Budbury Close, Bradford on Avon, BA15 1QG

Anything written on this form will be held in strictest confidence.

The leaders need to know these details in order to meet the specific needs of your child.

All leaders have enhanced DBS checks from the UK government.

**Child’s full name:**

**Date of Birth:**

**Name by which he/she is usually known:**

**Phone number where I can be contacted in an emergency -**

**Home:**

**Mobile:**

**If unavailable contact -**

**Name:**

**Phone number:**

**Relationship to Child:**

In the event of illness or accident, having parental responsibility for the above-named child, I give permission for first aid to be administered where considered necessary by a first aider, or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child’s health, medication or needs, and any changes to our address or any of the phone numbers given above.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form, we will assume that you have given permission for your child’s photograph to be taken unless otherwise informed.

Please indicate any medical conditions, medication, special needs, allergies or dietary requirements relevant to your child, and anything else that the leaders should know.

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

I give permission for my child to attend Zion Baptist Church’s holiday bible club from Monday 28th July to Friday 1st August 2025, 10:00 a.m. to 1:00 p.m., and to participate in all their activities.

**Name of parent/guardian (printed):**

**Date:**

**Signature:**

**Address:**