

Please return to church or email: adam.pullen@googlemail.com

WasteWatchers - Stranorlar group of parishes

REGISTRATION and CONSENT Form

Child's Full Name:Boy / Girl

Date of Birth: Age:

Please register my child for **Waste Watchers dates below**
30th 2-4pm 1st 2-4pm 2nd 10-12

Followed by Celebration Service at Midday Sunday 2nd

Parent/Guardian signature
and print name

Address:

... ..

Home Phone Mobile

Emergency Contact name:

Emergency Contact phone number

GP's name & Surgery:

Any known allergies or conditions:

Children will be given squash and a biscuit, and sweets may be given as prizes; if there is any concern about this or other matters, please write the details.

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 necessary medical treatment to be given by the nominated first-aider/s. In an emergency and if I cannot be contacted, I am willing for my child 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's signature Date

I give permission for my details to be entered on the Parish database. (Delete if not)

Photo Permission

I give my permission for photos to be taken of the event to be included in publicity (not web page)

Agree

Disagree

Signature of child

Parents:When you come to collect your children they are then back in your care

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