



PERMISSION FORM SKY Holiday Club

Sharon Church, Osborne Road, Pontypool, every day Monday
27th to Friday 31st August 2012. Age 5 to 12 Time 10am to noon

Dear Parent,

Please take the time to complete this form, as it is for **YOUR CHILD'S SAFETY**.

Please complete and return this form electronically to mathew@sharonchurch.co.uk or by mail to:
Bethany, 7 Park View, Freeholdland Road, Pontnewynydd, Pontypool NP4 8LP

Many thanks. Mathew Bartlett (Minister)

Full name of child: _____ Date of Birth: _____.

Address: _____

_____.

Contact Telephone: _____.

Please give details of any medical problem which may affect normal activity (e.g. asthma, allergies)

_____.

I give permission for _____ to take part in the normal activities of "SKY Holiday Club", including travel to and from this activity on the bus transport provided if appropriate.

I understand that while involved he/she will be under the control and care of those adults approved by the church leadership and that, while the staff in charge of the group will take all 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.

Sharon Full Gospel Church has a formal policy for the appointment of children's workers and other child protection related issues. All our volunteers and minibuss drivers are vetted by enhanced Criminal Records checks. You may view a copy of this policy by arrangement - ring 01495 753561.

In an emergency, and if I am not contactable, I am willing for my child to receive necessary hospital treatment including anaesthetic: YES NO. (This is a standard question we are required to ask)

Signed: _____ (Parent/Guardian)