

## Tell me a Story Holiday Bible Club 25-29 July 2011

To book a place please complete and return this form by 9<sup>th</sup> July 2011 to:  
Mark Gartside, EBP Office, St. John's Church, Fishponds, Bristol, BS16 3QG

Full Name of Child					Age
Gender (please tick)	Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Home Address					
Phone Number					
Home Email Address					
Days Attending ( please tick)	Mon 25	Tue 26	Wed 27	Thu 28	Fri 29
<b>Contact 1:</b> Name					
Relationship to child					
Home phone number					
Mobile phone number					
<b>Contact 2:</b> Name					
Relationship to child					
Home phone number					
Mobile phone number					
GP/ Contact Number					
Information about child's needs (allergies, behaviour, diet, medicines etc.)					

In the unlikely event of accident I give permission for first aid to be administered to my child. If I cannot be contacted I give consent for my child to be treated by a GP/hospital including treatment under general anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible and I certify that I am the parent/guardian and have responsibility to sign this consent form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Tell Me a Story

### Holiday Bible Club 25 July-29 July 2011

All Saints Church, Grove Road, Fishponds.  
(Part of the East Bristol Partnership of Anglican Churches)

### Consent to use of images

We will be taking photographs and filming the activities of Holiday Bible Club. The purpose of this is to keep a record of the week and to share with parents and others what we have all been doing together. These images may appear on the screen at our church services, in displays and in publications at All Saints, East Bristol Partnership Churches and local churches and schools. To comply with the Data Protection Act 1998, we need your permission to do this and ask that you sign and date the form where shown.

Please note that:

- We will not publish names or personal details with any children pictured
- We will not use the images for any other reason than stated without permission from you
- No images of the children will be used on our church or EBP websites without us seeking separate prior permission from you.

I hereby give consent to allowing an image of \_\_\_\_\_  
(CHILD'S NAME)

To be used as outlined above.

Signed (parent or guardian, **not** carer) \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

Please complete both sides of this form, tear off and return to:

Mark Gartside, EBP Office, St John's Church, Fishponds, Bristol BS16 3QG