



# Autumn Holiday Club

Brinkburn Road, Darlington DL3 6DX

Tel: 01325 383706

email:stmatthewandst.lukes@btconnect.com

**CRAFTS**



**GAMES**



**FOOD**

**FUN AND FRIENDSHIP**

9.30am - 12 noon

28<sup>th</sup> & 29<sup>th</sup> October 2019

**free**

Age: 5+



Complete the parental consent form below and Return to the Church Office by 14<sup>th</sup> October

Find us on Facebook at [www.facebook.com/stmatthewstlukes](http://www.facebook.com/stmatthewstlukes)

# Autumn Holiday Club

9.30-12 NOON, MONDAY AND TUESDAY, 28<sup>th</sup> & 29<sup>th</sup> October 2019

FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

My daughter/son will be attending on the following days: MONDAY TUESDAY

GENERAL HEALTH INFORMATION (delete as appropriate)

Does the participant have any allergies? NO/YES Please detail \_\_\_\_\_

Does the participant have any disabilities relevant to this activity? NO /YES \_\_\_\_\_

Is the participant currently taking medication? NO/YES Please detail \_\_\_\_\_

EMERGENCY CONTACT NUMBER: (1) \_\_\_\_\_ (2) \_\_\_\_\_

PERMISSION TO TAKE PHOTOGRAPHS: NO/YES VIDEO: NO/YES

TO APPEAR ON WEBSITE: NO/YES CHURCH FACEBOOK/: NO/YES

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency treatment

PARENT/CARERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_