



## Parental Consent Form

### *Holiday Bible Camp*

**14-16 August (Monday to Wednesday)**

**9:30 am-12:30 pm daily**

**Children (age 5-12) can be dropped off at 9:00am  
for supervised play-camp officially starts at 9:30am**

***To be completed by parent/guardian in block letters***

Name of Child(ren) \_\_\_\_\_ Date of Birth(s) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home Tel Number \_\_\_\_\_ Parent's/Guardian's Mobile No \_\_\_\_\_

Name/Address/Phone of child's GP \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

Special Diet (if any) \_\_\_\_\_

Medications (if any) \_\_\_\_\_

Medical Conditions (if any) \_\_\_\_\_

Other helpful Information

**I hereby give permission for my child(ren) (insert name(s)) \_\_\_\_\_**

**to attend Summer Holiday Bible Camp on 14-16 July 2023.**

**In the event my son/daughter is taken ill or injured during the duration of this event/activity, so that medical care becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms of consent required, should the delay necessitated to obtain my signature endanger my son's/daughter's health or safety.**

**During the time your child will spend with us, photographs may be taken for general church purposes (Publicity & Church website) and for this we need your permission. Names of children will not be included in any publicity photos. I give permission for my child's photograph to be taken and used for publicity purposes unless otherwise informed.  Opt out of photographs**

Name of Parent/Guardian (BLOCK LETTERS) \_\_\_\_\_

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

**Submit completed forms to [info@galwaycitychurch.com](mailto:info@galwaycitychurch.com)**