Parental Consent: SPACE ADVENTURE SUMMER HOLIDAY BIBLE CLUB

Monday 24 – Wednesday 26 August 2026, 9 am – 12:30 pm,
Studio 5, The Kingswood Estate, Britannia Road, Kingswood BS15 8DB

PLEASE COMPLETE A SEPARATE FORM FOR EACH YOUNG PERSON

*Once completed, please return this form by email to **L.Morgan@wearefreedomchurch.co.uk***

Days Attending

(please tick the box for each day you would like to register this young person)

☐ **Day 1: Monday 24th August** ☐ **Day 2: Tuesday 25th August** ☐ **Day 3: Wednesday 26th August**

*Plans change! Just let us know when you can if you would like to add/remove days booked **L.Morgan@wearefreedomchurch.co.uk***

Young Person's Details

Name	
Date of Birth	**Age at Event**
Address	

Parent/Carer Details

Name		
Contact address (if different from above)		
Email address		
EMERGENCY CONTACT PHONE NUMBERS – SWITCHED ON DURING THE EVENT		
Mobile	**Home**	**Work**

Alternative Contact Details

If parent/carer unavailable, please contact:

Name		
Relation to young person		
EMERGENCY CONTACT PHONE NUMBERS – SWITCHED ON DURING THE EVENT		
Mobile	**Home**	**Work**

GP Details

Name

Address

Phone

Particular Needs and Adaptations

Any known conditions, allergies etc. (e.g. asthma, diabetes, epilepsy) & any medication being taken

Any other special needs, requirements or directions that would be helpful for the leaders to know

Details of any behavioural issues that may help us to care for your young person

SPECIFIC CONSENTS

Medical: In signing below, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital, if I cannot be contacted and my young person should require emergency hospital treatment. I understand that every effort will be made to contact me as soon as possible.

Photography: I understand that it is Freedom Church's policy to allow filming and photography of church productions and events.
** Please tick ONE box*

☐ **I consent** to recordings and photographs of my child participating in this event to be used in church publicity
☑ **I do not consent** to recordings and photographs of my child participating in this event to be used in church publicity

Independent Travel
** Please tick ONE box*

☐ **I consent** to my young person making their own way home
☑ **I do not consent** to my young person making their own way home

DECLARATIONS

- I confirm that the above details are correct to the best of my knowledge.
- I will inform the leaders of any important changes to my young person's health, medication or needs, and of any changes to contact details given above: **L.Morgan@wearefreedomchurch.co.uk**
- I consent to the young person named above attending Freedom Church Bristol's Summer Holiday Bible Club

Parent/Guardian Signature *(may be typed if submitted electronically)*	**Date**
Name printed in full	
Any further information you would like to bring to our attention:	

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