

**WILLOW & WILDER'S ANIMAL SANCTUARY
REGISTRATION / CONSENT FORM**

Child's details

FIRST NAME _____
LAST NAME _____
DATE OF BIRTH _____
ADDRESS _____

POSTCODE _____
KNOWN ALLERGIES
/CONDITIONS _____

PARENT / GUARDIAN DETAILS

FIRST NAME _____
LAST NAME _____
TELEPHONE NUMBER _____
EMAIL _____

EMERGENCY CONTACT DETAILS

FIRST NAME _____
LAST NAME _____
TELEPHONE NUMBER _____

GP DETAILS

GP's NAME _____
TELEPHONE NUMBER _____

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CONSENT

- I give permission for my child's and my details to be entered into the church database to be used only to contact you about the holiday club or future events.
- I give permission for my child's photograph to be taken during the club to be used for church purposes only including press release and church website.
- In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
- I confirm that the above details are complete and correct to the best of my knowledge.

Signature of Parent / Guardian:

Date:
