

Chesterfield Christadelphians Emergency Contact Information

Child's name.....

Date of birth .....

Home address.....

.....

Telephone.....

Parent/carer's name.....

Alternative contact (name and telephone)

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Relevant medical information - including allergies

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Doctor's name, address and telephone

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I give permission for group leaders to provide emergency first aid if required.

Signed.....(parent/carer)

I give permission for photographs of my child/children to be used by  
Chesterfield Christadelphians for :

- Displays in the Church
- On Church website

<input type="checkbox"/>
<input type="checkbox"/>

Signed .....(parent/carer)