

Summer Mission Consent Form

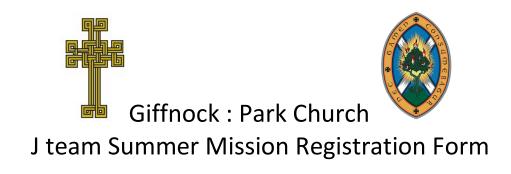
GIFFNOCK: THE PARK CHURCH "T IN THE PARK" HOLIDAY CLUB

Monday 15th July - Friday 19th July

Park Church: Ravenscliffe Drive: Giffnock (6.30 - 8.15pm)

To be filled by Parent or Guardian

Name and address of child or young person: imergency contact details:
Name:
vening Telephone No.:
Alternative parental contact if you are unavailable:
Name:
vening Telephone No.:
Name of GP:
GP's Telephone No:
Please advise us should there be any particular medical concerns we should be aware of
Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs) or disability hat may be affected by this activity):
Photographic Consent (Any photographs taken where appropriate would be used only for our Summer Mission Church Service on Sunday 21 st July. <i>Photographs will not be used for website purposes</i>)
Yes No



Any Further Relevant Information

al Consent:				
in this activity.	e information and I g	ive permission for my o	child as named above	e to part
	d/or I cannot be conta eatment including an	acted, I am willing for n anaesthetic	ny child to receive ne	ecessary
Yes		No		
_	ent or adult with pare	No ntal responsibility for t	he child or young pe	rson:

Please return your form to the Park Church at Ravenscliffe Drive, Giffnock or scan and email to the church office at parkchurch@hotmail.co.uk