

Summer Mission Consent Form

GIFFNOCK: THE PARK CHURCH J Team HOLIDAY CLUB Monday 17th July - Friday 21st 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:
Emergency contact details:
Name:
Evening Telephone No.:
Alternative parental contact if you are unavailable:
Name:
Evening Telephone No.:
Name of GP:
GP's Telephone No:
Please advise us should there be any particular medical concerns we should be aware of

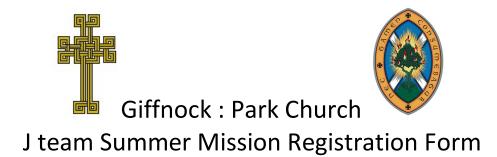
Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs) or disability that may be affected by this activity):

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Photographic Consent (Any photographs taken where appropriate would be used only for our Summer Mission Church Service on Sunday 23rd July. *Photographs will not be used for website purposes*)

Yes

No



Any Further Relevant Information

Please advise us of any further information you feel may be of importance to us:

Parental Consent:

- I have read the above information and I give permission for my child as named above to participate in this activity.
- In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic

Yes	

Signature of parent or adult with parental responsibility for the child or young person:

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