

Summer Mission Consent Form

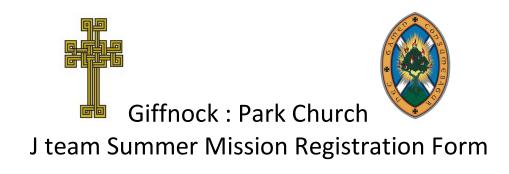
GIFFNOCK: THE PARK CHURCH J Team HOLIDAY CLUB

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: 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 conce	erns we should be aware of
Please give details of any medical conditions (e.g. asthma, epilo hat may be affected by this activity):	epsy, diabetes, dietary needs) or disability
Photographic Consent (Any photographs taken where approprosision Church Service on Sunday 21st July. <i>Photographs will</i>	•
Yes No	



Any Further Relevant Information

se advise us of any further information you feel may be of importance to us:		
-10		
al Consent: I have read the abov in this activity.	e information and I give permission for my child a	s named above to part
	d/or I cannot be contacted, I am willing for my chile eatment including an anaesthetic	d to receive necessary
Yes	No 🗌	
		I.I
Signature of pare	nt or adult with parental responsibility for the chil	id or young person:
Signature of pare	nt or adult with parental responsibility for the chi	id or young person:

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