



Easter COGS Club! Good Friday 14th April 9.30am-12pm YrR-Yr6

Church of the Good Shepherd, GU34 5AA
Questions? lornarandall812@hotmail.com / 01420 560622

Please bring this form with you on the day of the event.

Child's name:

DOB:.....School year:.....

Address:.....

.....

Parent/Carer's name:.....

Contact Number:.....

Child's Allergies:.....

Medical Conditions:.....

Child's doctor's name:.....

As parent/guardian I believe that this child is capable of taking part in this activity. In the event of illness, or accident, I consent to any necessary medical treatment including, if necessary, the use of anaesthetics, and give permission for my child to be transported to hospital.

Signed:..... Date:.....

Please don't include photos of my in internal publications (displays/projector screen)

Please don't include photos of my child in external publications (website / church brochure etc.)