

YOUTH WEEK



13-17 AUGUST 2018 7.30pm-9.30pm

YOUNG PEOPLE IN YEAR 8-14 (SEPT 2018) ARE WELCOME

CONTACT NIOMI ON 07596768827

CHARGED

PARENTAL CONSENT

Full name of young person:

chool Year in September 2018:	
Address and Postcode:	
lame of Parent/guradian to be contacted:	
Contact telephone no:	
unavailable, contact:	
Relationship to young person:	
elephone no:	
Please indicate any medical conditions, additional needs, allergies or dietary requirem	ents relevant to
he named young person:	
n the unlikely event of illness or accident, I give permission for appropriate first aid to	be given. In the
ase of an emergency, and if I cannot be contacted, I am willing for medical treatmen	nt to be
dministered by a suitably qualified medical practitioner: Yes/No	
Photographs will be taken during this week which may be used in church publication	s and social med
eeds. Please tick the box below if you do not wish for the named young person to b	e photographed
Please tick the box below if the named young person will make their own way to/fro	m the event:
confirm that the above details are correct to the best of my knowledge.	
igned: Date:	
or information on GDPR, please visit: www.carryduffpresbyterian.org.uk/summer-	-2018/