



GIRVAN

FREE

EASTER FAMILY EVENT



WEDNESDAY 3RD APRIL 2024

11.00am - 1.00pm
Girvan Primary



**YOUNG PEOPLE MUST
BE ACCOMPANIED BY
AN ADULT**



**EASTER
ACTIVITIES
& GAMES**

GIRVAN FAMILY EASTER DAY

NAME OF CHILD _____

SCHOOL _____

CLASS _____

DATE OF BIRTH _____

GENDER _____

ADDRESS _____

POSTCODE _____

PARENT/CARER NAME _____

PARENT/CARER CONTACT NUMBER _____

EMERGENCY CONTACT NUMBER (IF DIFFERENT FROM ABOVE) _____

PARENT EMAIL _____

PHOTOGRAPH / VIDEO / RECORDING CONSENT: PHOTOS, VIDEOS OR RECORDINGS MAY BE TAKEN OF YOUNG PEOPLE AND ADULTS TAKING PART IN ACTIVITIES FOR THE PURPOSES OF PROMOTING OUR WORK THROUGH OUR SOCIAL MEDIA AND PUBLICITY CHANNELS. PLEASE TICK YES OR NO TO GIVE PERMISSIONS FOR PHOTOGRAPHS, VIDEOS AND RECORDINGS DURING ATTENDANCE AT THIS GROUP/CLUB.

YES | AGREE **NO | DO NOT AGREE**

PLEASE TICK YES OR NO TO GIVE PERMISSION FOR SOUTH AYRSHIRE COUNCIL TO CONTACT YOU ABOUT FUTURE PROGRAMMES/EVENTS/FOR FEEDBACK.

YES | AGREE **NO | DO NOT AGREE**

MEDICAL INFORMATION

DOES ANY ADULR OR YOUNG PERSON SUFFER FROM ANY CONDITIONS REQUIRING MEDICAL TREATMENT, INCLUDING MEDICATION?

IF YES, PLEASE GIVE BRIEF DETAILS _____

IS ANY YOUNG PERSON OR ADULT ALLERGIC TO ANY MEDICATION?

IF YES, PLEASE SPECIFY _____

PLEASE OUTLINE ANY SPECIAL DIETARY REQUIREMENTS OF YOUR CHILD:

PARENT SIGNATURE: _____ **DATE:** _____