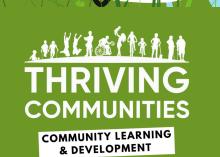


WEDNESDAY 3RD APRIL 2024

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 CONTA | CT NUMBER | |
| EMERGENCY CONTACT | NUMBER (IF DIFFER | ENT FROM ABOVE) |
| PARENT EMAIL | | |
| TICK YES OR NO TO C | IVE PERMISSIONS FOR DURING ATTENDAN YES I AGREE | OCIAL MEDIA AND PUBLICITY CHANNELS. PLEASE OR PHOTOGRAPHS, VIDEOS AND RECORDINGS ICE AT THIS GROUP/CLUB. NO I DO NOT AGREE |
| | | ON FOR SOUTH AYRSHIRE COUNCIL TO CONTACT RAMMES/EVENTS/FOR FEEDBACK. |
| | YES I AGREE | NO I DO NOT AGREE |
| MEDICAL INFORMATION | 1 | |
| DOES ANY ADULR OR YOU MEDICAL TREATMENT, I | | FER FROM ANY CONDITIONS REQUIRING FION? |
| IF YES, PLEASE GIVE BRI | EF DETAILS | |
| IS ANY YOUNG PERSON | OR ADULT ALLERGI | C TO ANY MEDICATION? |
| IF YES, PLEASE SPECIFY | | |
| PLEASE OUTLINE ANY S | PECIAL DIETARY RE | QUIREMENTS OF YOUR CHILD: |
| | | |



