

SLEEPOVER Friday 1st July 2016

If you would like your child to attend please fill in the slip below and return it with payment of £5 to the office by Friday 17th June. We only have 30 places which will be allocated on a first come first serve basis, from Tuesday 14th June and when payment is made.

Please ensure that the contact number given is for the person who will be available at **any** time during the sleepover. This is for the safety and wellbeing of your child.

I give permission for my child _____ to come to the Sleepover on Friday 1st July 2016.

In the event of an emergency I give permission for my child to receive any urgent medical treatment necessary, including the administration of an anaesthetic.

Please indicate below any medical conditions that we need to be aware of.

Signed _____ Parent Name _____

Date _____ Contact Number _____