

I give permission for my child  
to attend the Rock Solid  
Summer Camp



|   |               |
|---|---------------|
| Name  |               |
| Address   |               |
| Emergency contact phone no  | Date of Birth |
| Allergies or medical conditions we need to know about   |               |
| In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given.<br>In an emergency, and if I can't be contacted, I'm willing for my child to be given hospital treatment, including anaesthetic.<br>I understand that every effort will be made to contact me as soon as possible. |               |
| Signature of Parent/Guardian  | Date          |