

To: Mrs Cathy Devereux, Eaton House, Middleton Road, Middle Winterslow, Wilts SP5 1QS

Tel: 07825339091 email: catherine.devereux@googlemail.com

Name of Child / Children	Age	School Attended

I	I	harahy ai	iva narmiesioi	n for my	child(ren)		
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to take part in the Lions in the Community Easter Soccer Activity Week 18th – 21st April 2011

I believe my child(ren) to be in good physical health

I give my permission for you to seek emergency medical help should it be necessary

I enclose cheque (payable to Lions in the Community) for £.

Name	.Address								
		Email							
Signed (Parent or Guardian)		Date							
List of relevant health issues and meds e.g asthma									
Name and tel no. of Doctor:									