



Name of Child: _____

I hereby give permission for any first aid as necessary to be administered during the June Sleepover 2024, including the following:

Please Tick:

Plasters	
Bite and Sting Relief (Liquid)	
Bite and Sting Relief (cooling spray)	
Medical Wipes	
Microporous Tape	

If you do not wish for any of the items listed above to be used please leave box blank.

Parents Signature.....

Date.....