****

October 2019

Dear Parent / Guardian,

On **Friday the 22nd November**, Impact is going tenpin bowling! We will meet slightly earlier than our usual time, **19:00**, and will meet at Tenpin Bowling, Fountain Park. Bowling is planned to **finish at 21:00**. Leaders and young people will gather as a group just inside the main door of the bowling centre for collection.

There is no cost for this outing – bowling and a light snack buffet will be provided. However, if your young person would like a drink or anything additional they may wish to bring along a small amount of money.

If this is something your young person would like to come along to, I would be grateful if you could complete the attached permission form, either electronically, or handed in to a leader, by **Friday 15th November**. Unfortunately, we will be unable to take anyone that does not have a completed permission form.

Please also note that Impact will meet in Bruntsfield Evangelical Church (70 Leamington Terrace, Edinburgh EH10 4JU) on Friday 8th **and** 15th November.

Thank you,

Blair Robertson

Impact Team



Chalmers Church Edinburgh

Parental Consent Form

|  |  |  |
| --- | --- | --- |
| Name of group | Impact | |
| Details of event: | | |
| Date and time | 22 November 2019, 19:00-21:00 | |
| Venue | Tenpin, Fountain Park, Dundee St, Edinburgh EH11 1AW | |
| Nature of event | Impact social night: Two games of bowling and food | |
| Details of young person / child: | | |
| Full name |  | |
| Address |  | |
|  | | |
|  | | |
| Date of Birth |  | |
| Please indicate any medical conditions, special needs, allergies or dietary requirements relevant to your child or any medication being taken and anything else that would be helpful for the leaders to know about: | | |
|  | | |
|  | | |
|  | | |
| Parent or guardian’s name and contact details during event: | | |
| Full name |  | |
| Phone number: | | Mobile number: |
| If parent or guardian isn’t available please contact: | | |
| Full name |  | |
| Phone number: | | Mobile number: |

**Permission**

I give permission for my son/daughter to take part in the named event.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

Signed: Date:

Relationship to child: