

## Cead Pàrant/Parental Consent Form

THE FOLLOWING INFORMATION IS REQUIRED TO BE RECORDED BY THE FÈIS OFFICE AND MUST BE COMPLETED BY PARENT/GUARDIAN.

Please give details of allergies, medical conditions (eg asthma or diabetes) or additional support needs.

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### PLEASE TICK/COMMENT AS APPROPRIATE

(✓)

I consent that medical treatment be given to my son/daughter in the event of an emergency. \_\_\_\_\_

I agree to my son/daughter being photographed/filmed for Fèis publicity materials or Fèis archiving purposes and/or interviewed for the promotion of Fèis Eilean an Fhraoich for local and/or national media purposes. \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(Print Name)

Name of Emergency Contact : \_\_\_\_\_  
(for Fèis week)

1. Daytime Tel Number: \_\_\_\_\_ 2. Mobile Number: \_\_\_\_\_

Ainm Sgrìobhte/Signature: \_\_\_\_\_ Ceann latha /Date: \_\_\_\_\_

All information will be treated in the strictest of confidence, in accordance with the Data Protection Act.

Please complete this form and return by Friday 5th July 2019 to:

**Fèis Eilean an Fhraoich**  
c/o Unit 7A  
7 James Street  
Stornoway  
HS1 2QN  
Tel: 01851 703487



**Eilean an Fhraoich**

**22-26 Iuchar 2019**  
**22-26 July 2019**

**Fèis nan Deugalrean**

**Bun Sgoil Steòrnabhaigh**  
**Stornoway Primary School**



Highlands and Islands Enterprise  
Iomairt na Gàidhealtachd 's nan Eilean



ALBA CHRUTHACHA