

# Parental / Guardian Consent – Special Activity \*

Activity: .....

Parish: .....

Coordinator: .....

Name of Young Person: .....

Age: .....

Name of Contact 1: .....	Name of Contact 1: .....
Address: .....	Address: .....
.....	.....
.....	.....

Daytime Phone No: .....	Daytime Phone No: .....
Home Phone No: .....	Home Phone No: .....
Mobile Phone No: .....	Mobile Phone No: .....
E-mail: .....	E-mail: .....

Relationship to Child: .....	Relationship to Child: .....
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## Medical Note:

Give details of any medical condition of which the organisers ought to be aware, including medication and dietary requirements: .....

Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the group leader who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

In the event of my child being taken ill or injured whilst taking part in this activity, if any surgical operation or injection becomes urgently necessary, I hereby authorise appropriate emergency medical treatment to be undertaken.

Signature of parent/guardian: ..... Date: .....

I have read and I understand the activity outline accompanying this parental permission slip. I am satisfied that I have been sufficiently informed of the activity and I agree to allow the young person named above to take part in the outlined activity.

Signature of parent/guardian: ..... Date: .....

I give consent for photographs of the named child to be taken for the purpose of promoting this activity.

Yes ☐ No ☐

Signature of parent/guardian: ..... Date: .....

\* This form is to be used for activities outside the routine meeting/gathering of members. Parent/guardian must complete this form for their child to participate in the specified activity.