

PARENTAL CONSENT FOR CONFIRMATION PREPARATION

1. NAME OF PARISHES/DEANERY:

2. SESSION DATES, TIMES AND VENUES

I agree to: _____ (*insert name*)

Date of birth: _____ Age: _____

Name of school: _____

Home address: _____

Mobile number of young person: _____

Mobile number of parent/guardian: _____

Place of Baptism: _____ (*parish and town*)

Date of Baptism: _____

- I agree to his/her participation in the activities described
- I understand that group/activity photographs may be taken during the event, in line with the Church's policy and I give my consent to this
- I acknowledge the need for him/her to behave responsibly and respectfully and will ensure that he/she is aware of this expectation
- I give consent for the mobile telephone number of my son/daughter to be used by catechists for the purpose of group texts informing him/her of activities relating to the programme
- I give consent for my mobile telephone number to be used by catechists for the purpose of being copied into all group texts about activities relating to the programme

Signature of parent/guardian: _____

Name of parent/guardian: _____ (*please print*)

Date: _____

3. TRANSPORT ARRANGEMENTS:

(for which parents/carers hold responsibility)

Please detail how your son/daughter will travel to and from the sessions or the pick-up point for the day/residential trip.

4. MEDICAL INFORMATION:

a) Does your child have any condition/s requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?

YES	<input type="checkbox"/> <i>If YES please give details below</i>	NO	<input type="checkbox"/>
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b) Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.

c) Please outline any FEARS OR PHOBIAS your child has.

(This information will assist the adult helpers to assist your child should any difficulties arise)

d) Is your son/daughter allergic to any medication e.g. penicillin?

YES	<input type="checkbox"/> <i>If YES please give details below</i>	NO	<input type="checkbox"/>
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e) When did your son/daughter last have a tetanus injection?

f) Is there any other relevant information/specific requirement/s that need to be known by the organiser? e.g. travel sickness/mobility

g) FOR RESIDENTIAL TRIPS ONLY - To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?			
YES	<input type="checkbox"/>	<i>If YES please give details below</i>	NO <input type="checkbox"/>
I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the end of the programme			
5. PARENTAL CONTACT INFORMATION:			
Work /Mobile No:			
Home Tel No:			
Home Address:			
Alternative emergency contact:			
Name:			
Tel No:			
Address:			
Name of Family Doctor:			
Doctor Tel No:			
Doctor Address:			
6. DECLARATION			
In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.			
Signed:			
Full Name: <i>(capitals)</i>			

PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO

..... *(insert name of parish/event)*
recognises the need to ensure the welfare and safety of all children and young people.

In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.

The named parish/event will follow the guidance for the use of photographs, a copy of which is available from:

(insert name)

The named parish/event will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform:

(insert name) immediately.

PARENT/CARER TO COMPLETE:

I *(insert name of parent/carer)* consent to the named parish/event photographing or videoing my child:

..... *(insert name of child)*

I understand that these images will be displayed in the following circumstances: *(give details including dates)*

.....
.....

and I hereby agree to this.

Signature: Date:

CHILD/YOUNG PERSON TO COMPLETE:

I *(insert name of child)* consent to

..... *(insert name of parish/event)*
photographing or videoing my involvement in the following activity: *(insert activity/brief detail)*

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I understand that these images will be displayed in the following circumstances: *(give details including dates)*

.....
.....

and I hereby agree to this.

Signature: Date: