



Parental Consent Form

Child's Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Parental Contact Phone: _____ Mobile: _____

E-mail Address for Parents: _____

Alternative Emergency Contact Name: _____

Relationship: _____

Address: _____

Contact Phone: _____ Mobile: _____

Health (Please tell us of any allergies, or if your child suffers from any ailments and/or is taking any medication). Also include details of any dietary needs/issues.

I agree to my son _____ serving at the altar and taking part in related activities (training etc.) at St Mary's Church and/or Priory Court, Warrington.

I acknowledge the need for him to behave responsibly and will ensure he is aware of the expectation to behave responsibly.

I will inform the priests as soon as possible of any changes in medical or other circumstances in writing.

When the session (liturgy/training session) is finished (please tick appropriate box)...

...I will collect my child.

_____ (named person) will collect my child.

I am happy for my child to make his/her own way home.

Photographs/films may be taken during the activities, to be used at a later date for promotional purposes. If you do *not* wish images of your child to be used, please tick here:

Declaration

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: _____
(Parent/Guardian)

Date: _____