



## 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 / daughter \_\_\_\_\_ taking part in**

**Youth Activities at St Mary's Priory and/or Priory Court, Warrington.**

These youth activities will comprise of indoor and outdoor games, religious instruction, cooking activities and shared food. Outdoor activities may be undertaken in the surrounding area.

**When the 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: \_\_\_\_\_