

Children Liturgy – Parental consent. For St Joseph’s Oakham

Child’s Details

| | |
|--------------------|--|
| Child’s Full Name: | |
| Date of Birth: | |

Nature of Event / Activity

| | |
|--------------|--|
| Description: | |
| Date: | |
| Time: | |

Emergency Contact Details

| | |
|---|--|
| Full Name: | |
| Relationship to Child/Young Person: | |
| Mobile Number: | |
| Do you have parental responsibility for the child/young person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, name and contact details for person with Parental Responsibility: | |

Code of Conduct

| | |
|---|--------------------------|
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. | <input type="checkbox"/> |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child. | <input type="checkbox"/> |

Medical

Does your child have any medical condition that could require immediate medical attention that we should be aware of? ie suffers with siezures

| | |
|-----------------------------|--------------------------|
| Yes | <input type="checkbox"/> |
| Please provide any details: | |
| No | <input type="checkbox"/> |

Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

| | |
|---------------------------|--|
| Signature: | |
| Parent/Carer's Full Name: | |
| Date: | |

Review:

Form to be retained for 3 years after event/activity ceases.