

PARISH ACTIVITIES FOR CHILDREN AND YOUNG PEOPLE
Parental / Guardian Agreement Form

Group Name: **ST. BERNARD'S CHILDREN'S LITURGY**

Group Leader: **Fr Dan** Contact number for group leader **90832979**

Name of young person _____

Date of Birth _____ Name of Parent / Guardian _____

Address _____

Home phone no: _____ Mobile phone no: _____

In the event of not being able to reach the above numbers, it is essential that further contact names and numbers be provided.

Second contact name _____ Third contact name _____

Telephone/ Mobile number _____ Telephone / Mobile number _____

Relationship to child _____ Relationship to child _____

It is the responsibility of parent / guardians to draw attention to the activity leader any special requirements your child may have e.g. dietary, illness, allergies, conditions or medication, and for which special arrangements should be made or consent given. Please indicate.

Consent for Emergency Medical Treatment

In the event of illness or accident where treatment or an operation is required urgently the parish requires consent for leaders to be guided by the doctor in attendance.

Parents/legal guardians please note in the event of the above your son/daughter will be removed to hospital or medical assistance sought and the parish will put your son/daughter into the care of the medical practitioner in attendance. The parish will endeavour to make contact with the parent/legal guardian in the event of such an emergency, however, if unable to do so your son/daughter will be placed in the care of medical staff.

Do you agree with this? YES / NO.

Date of last tetanus injection _____ if your son/daughter has not had a tetanus injection please write 'NONE'.

MEDIA – PHOTOGRAPHS AND VIDEO RECORDINGS

Parents, please note your son/daughter may be photographed by the media or recorded on video for public relations or programme delivery purposes. If you do not wish your son/daughter to be photographed, please state below.

I understand the information provided about this parish activity and the standards of behaviour expected of those who participate.

I have received and understand the Code of Conduct for leaders of parish activities for children and young people accompanying this permission slip.

Signature of parent or guardian: _____

Date: _____

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