CASE 4 - Parental Consent for an Activity

# Child’s Details

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

# Nature of Event / Activity

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| --- | --- |
| Description: | Liturgy of the Word with Children |
| Date: | Saturdays/Sundays |
| Time: | 9.00am Sunday Mass in Storrington or 5.00pm Saturday Mass in Arundel |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |
| Full name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

# Code of Conduct

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| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. |  |
| 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. |  |

# Medical Information

#### Allergies

Please detail your child’s known allergies:

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| My child has an EpiPen: |  |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader |  |

### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

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We will use this information to help responsible adults to support your child should any difficulties arise.

#### Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

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# Statement of Consent

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

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