



Parish of St. Swithun Wells: Year of Faith
Parental Consent Form



Young Person's Name: _____

Date of Birth: _____ Email: _____

Names of Parents/Guardians: _____

Address: _____

Parental Contact phone number: _____ Mobile: _____

Alternative Emergency Contact Name: _____

Alternative Emergency Contact Relationship: _____

Alternative Emergency Contact Address: _____

Contact phone number: _____ Mobile: _____

Health (Please tell us of any allergies, or if your child suffers from any ailments and/or is taking any medication)

I agree to my son/daughter taking part in the following event or programme:

I agree to my son/daughter having their photograph taken and being shown in the Churches. []

I agree to the images being published in Parish and Diocese publications and websites/applications. []

I agree to my son/daughter being on a video and for it to be shown in the Parish and on the parish websites. []

Collection arrangements when each session is finished (please tick appropriate box)

I will collect my child [] _____ will collect my child. []

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

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: _____

Return this form as soon as possible to Richard Martin, St Edward the Confessor Church, 191/193 Winchester Rd, Chandlers Ford SO53 2DU. If not, you **must** bring it to the event/first meeting.