

Parish of _____
Altar Server Application/Consent Form
(All information will be treated in confidence)

Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

1. Parent/Guardian Mobile No: _____ Home Tel No: _____

2. Other Contact No (Neighbour/Friend): _____ Home Tel No: _____

Does your child suffer from any illnesses, incapacity or allergies? **YES** ___ **NO** ___

If yes please give details (*If necessary please attach note*) _____

I give consent for my child _____ to be trained and participate as an altar server
in the parish of _____

Signed: _____

Date: _____

In the event of my child being taken ill or injured during his/her time serving at Mass, so that surgical operation or injection becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms or consent required, provided that the delay necessitated to obtain my signature or parents signature might endanger or worsen my child's health or safety.

Signed: _____ Date: _____

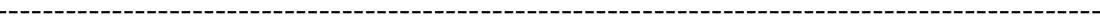
Special Altar Server Consent Form

I _____, parent/guardian of _____, give permission to his\her class teacher to excuse him\her from class to serve Mass in _____ Church on _____ (Day\Date).

I am aware that my child will be collected by _____
or

I give permission for my child to make his/her own way to the church.

Signed: _____ Contact No: _____ Date: _____



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Sign In Sheet

Date	Mass Time	Mass Time