

PARENTAL / GUARDIAN CONSENT FORM

Name of Event / Activity:.....

Date/s of Event / Activity:.....

Type & Duration of Event (Day Event / Residential/ Pilgrimage)

Name of Participant:.....

Address:.....

Telephone:.....

Names & Addresses of Parents / Guardians

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.....

Daytime Phone No.....
Mobile.....

Daytime Phone No.....
Mobile.....

If the young person in your care has any specific medical conditions or requirements, suffers from any allergies or has certain dietary requirements please state so here.

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I am satisfied that I have been sufficiently informed about the activity to be undertaken. I understand that the young person named above is being allowed to partake in the activity on the condition that all of the requirements of participation as have been outlined to me will be adhered to by him / her and that failure to do so could result in immediate withdrawal from the activity named above.

Signed – Parent / Guardian:.....

Relationship to young person:.....

Date:.....