



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.