

PARENTAL/GUARDIAN CONSENT FORM

SG06-ACH

(For ministries & activities normally conducted in parish setting)

CONFIDENTIAL

(See relevant Sections of Safeguarding Children Policy & Procedures)

Parish / Church area:

Name of child / young person:

Ministry / ministries / activity child / young person wishes to engage in :

Name of parent / guardian:

Address:

Contact Phone Numbers:

I consent to (name of child) _____ engaging in this ministry / these ministries / activities .

Other relevant information (e.g. medical conditions, special needs, dietary requirements etc.)

I understand that their involvement will require compliance with diocesan child protection policies and procedures of which I have been informed.

Signed: _____ Date: _____

Medical note: If your child / young person in your care requires medical care, suffers specific allergies or requires certain dietary requirements please state so here:

Note : Activities conducted outside of normal parish group activities will require separate consent forms.