

SPECIAL ACTIVITY PARENTAL / GUARDIAN SG07-ACH CONSENT FORM

CONFIDENTIAL

(For ministries & activities normally conducted outside parish setting)

(See relevant sections of Safeguarding Children Policy & Procedures)

Parish / Church area:

Name of child / young person:

Date of Birth:

Ministry / Ministries:

Special Activity:

Name of Co-ordinator:

Name of parent / guardian:

Address:

Day Time Phone No.: _____ Home Phone No.: _____

Mobile Tel. No.: _____ email: _____

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

I have read and I understand the activity outlined accompanying this permission slip. I am satisfied that I have been sufficiently informed about the activity and I agree to allow the young person named above to take part in the outlined activity.

Signature of parent or guardian: _____

Relationship to young person: _____ Date: _____