Parental/Carers Consent for an Activity/Event

# Child/Young person’s Details

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| --- | --- |
| Child’s Full Name: |  |
| Date of Birth: |  |

# Nature of Event / Activity

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| --- | --- |
| Description: |  |
| Date (s):  *If no of dates required to attend ie; Preparation for Confirmation, please list the dates.* |  |
| Time (s): |  |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

#### Child/Young Person’s Doctor

|  |  |
| --- | --- |
| Name of surgery: |  |
| Name of Doctor: |  |
| Surgery Address: |  |
| Surgery telephone number: |  |
| Child’s NHS Number:  *(This will only be used in the event of an emergency for the medical professions)* |  |

# Code of Conduct

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| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct.  These can be located using the following link :<https://www.dioceseofsalford.org.uk/youth/resources-links/> |  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child.  These can be located using the following link :<https://www.dioceseofsalford.org.uk/youth/resources-links/> |  |

# Medical Information

#### Medications

Does your child/young person have any condition/s requiring the administration of medications or other treatment?

|  |  |
| --- | --- |
| Yes |  |
| My child requires the following medications and treatment: |  |
| No |  |

#### Immunisations

Please confirm whether your child has had the governmentally recommended immunisations for their age?

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| --- |
| Yes |
| No |

Please state the date of their most recent Tetanus immunisation:

#### Allergies

Please detail your child’s known allergies:

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| --- | --- |
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| My child has an EpiPen: |  |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader  Date:  Designated First Aider: |  |

#### Dietary Requirements

Please list any dietary requirements, both due to intolerance and personal beliefs:

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### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

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We will use this information to help responsible adults to support your child should any difficulties arise.

#### Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

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#### Contagious Diseases

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

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# Transportation

Please complete full details as to how your child will travel, including name and contact details of person(s) responsible for transportation/drop-off/collection:

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| --- | --- |
| To and from the activity or pick-up point: |  |
| If relevant, during the activity or trip: |  |

# Communication with child/young person via Parent/Carer

Please tick each method of communication with consent to being used to contact you. Where you consent to electronic methods of communication, please provide your own account address, not that of the child/young person. Please ensure you provide an email address of an account you check regularly as all information will be sent directly to you as the parent/carer and not with the child/young person.

Please note this communication will only come from a parish/diocesan email account.

|  |  |  |
| --- | --- | --- |
| ***Insert own account address and contact numbers*** | | |
| Telephone |  |  |
| Email |  |  |
| *Others to be added as required* |  |  |

# Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

I confirm that they are in good health and fit to participate.

I acknowledge the need for them to behave responsibly.

|  |  |
| --- | --- |
| Signature: |  |
| Parent/Carer’s Full Name: |  |
| Date: |  |