

Parish/Pastoral Area				
Activity/Project/Event Information				
Venue		Date		Time
Leaders/Volunteers in Charge	1.		2.	
	3.		4.	
Name of Young Person				Date of Birth
Address	_____			Parent/Guardian
	_____			Phone No :
	_____			Parent/Guardian
			Phone No :	

Medical Conditions and Medication

Please include details of any medical condition and medication. Please ensure that your son/daughter has any medication he or she might require and knows how to administer same. This information will be treated with confidence.

Details:

In the event of an emergency I authorise the administration of any medication which has been prescribed by a medical professional.

Signed: _____

Dietary Requirements

Details:

Code of Behaviour

I have read and agreed the Code of Behaviour with my child and signed it. Please tick ✓ the box.

Photography

From time to time we may use photographs of young people engaged in youth ministry in promotional material, social media and diocesan websites. Please Tick the box if you give consent to photographs of your child being taken.

By signing below, you consent to the Diocese processing the data on this form for the purposes of your child's participation in Youth Ministry events. The data will be stored for as long as necessary. I have read all the information provided concerning the programme for the above activity and hereby give permission for my son/daughter to participate in the above activity. I also understand that as parent/guardian I take full responsibility for travel arrangements to and from youth ministry activities.

Signed: _____

Date: _____