

# Roman Catholic Diocese of Shrewsbury



Form Ref: CaSE 4

## PARENTAL CONSENT FOR AN ACTIVITY/EVENT

<b>1. NATURE OF EVENT/ACTIVITY</b>			
		Time(s)	
I agree to _____ (name) _____ (D.O.B)			
<ul style="list-style-type: none"> <li>● I agree to his/her participation in the activities described</li> <li>● I understand that group/activity photographs may be taken during the event, in line with the Church's policy. I give my consent to this.</li> <li>● I acknowledge the need for him/her to behave responsibly and will ensure he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/ young people (attached).</li> </ul>			
<b>2. TRANSPORT ARRANGEMENTS</b>			
<b>(for which parents/carers hold responsibility)</b>			
Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day trip/residential trip.			
<b>3. MEDICAL INFORMATION ABOUT YOUR CHILD</b>			
a. Any conditions requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES please give details			

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<b>3. MEDICAL INFORMATION ABOUT YOUR CHILD (cont...)</b>			
b. Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.			
c. Please outline any <b>FEARS OR PHOBIAS</b> your child has. This information will assist the adult helpers to assist your child should any difficulties arise			
d. Is your son/daughter allergic to any medication e.g. penicillin			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES please specify			
e. When did your son/daughter last have a tetanus injection?			
f. Is there any other relevant information/specific needs that need to be known by the organiser? e.g. travel sickness/mobility			
g. <b>FOR RESIDENTIAL TRIPS ONLY</b> To the best of your knowledge, has your son/daughter been in contact with any contagious or infections diseases or suffered from anything in the last few weeks that may be contagious			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES please specify			

I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

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<b>4. CONTACT TELEPHONE NUMBERS:</b>			
Work/Mobile:		Home:	
Home Address:			
Alternative emergency contact:			
Name:		Telephone Number:	
Address:			
Name of Family Doctor:		Telephone Number:	
Address:			

<b>5. DECLARATION</b>			
In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present			
Signed:		Date:	
Full Name (Capitals):			