Parental Consent for Children’s Liturgy

# Child’s Details

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

# Nature of Event / Activity

|  |  |
| --- | --- |
| Description: | **Children’s Liturgy** |

# 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: |  |

#### Child/Young Person’s Doctor

|  |  |
| --- | --- |
| Name of surgery: |  |
| Name of Doctor: |  |
| Surgery Address: |  |
| Surgery telephone number: |  |
| Child’s NHS Number: |  |

# Code of Conduct

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| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. |  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave i is fully understood by my child. |  |

# Medical Information

#### Medications

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

|  |  |
| --- | --- |
| Yes |  |
| My child requires the following medications and treatment: |  |
| I confirm that I have discussed management/administration/storage of medications with the event leader. |  |
| No |  |

#### Immunisations

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

|  |
| --- |
| Yes |
| No |

#### Allergies: if applicable

Please detail your child’s known allergies:

|  |  |
| --- | --- |
|  | |
| My child has an EpiPen: | YES/NO |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader |  |

#### 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? (eg mobility requirements)

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#### Contagious Diseases

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| Please avoid sending your child to this group if they have had a contagious illness in the two weeks before. |

# Statement of Consent

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

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