



Altar Server Contact and Consent from Parent/Guardians

Safeguarding Children and Young People / St John's Parish, Tralee

(All information will be treated in confidence)

Name of Altar Server:

Date of Birth:

_____ Age: _____

Address:

- Does your child suffer from any medical condition, disability or allergy?

Yes No

- Please give details below (If necessary please attach note). All medical information will be treated in confidence.

Parent/Guardian Name:

Parent/Guardian - Telephone Contact Number:

Parent/Guardian - Mobile Contact Number:

Permission for medical care

In the event of my child being taken ill or injured during his/her time serving at Mass, if any surgical operation or injection becomes urgently necessary, I hereby **authorise the leader in charge to sign on my behalf** any written forms or consent required, provided that the delay necessitated to obtain my signature or parents signature might endanger or worsen my child's health or safety.

Signed:

Date:

Other Emergency Contact- Name:

Home Telephone Number:

Mobile Telephone:

I give consent for my child to be trained and to participate as an altar server in St John's Parish.

Signed:

Date: _____

I give / do not give (please indicate) permission to St John's Parish to take **photographs/video-recordings** of _____ (name of Altar Server) for Parish Publications, Local Media, Parish Web-Site, Broadcast Events and other Parish Related Productions.