



Child/Young Person Contact and Consent from Parent/Guardians Safeguarding Children at St John's Parish, Tralee

(All information will be treated in confidence)

Name of Child/Young Person:

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:

Other Emergency Contact- Name:

Home Telephone Number:

Mobile Telephone:

Permission for medical care

In the event of my child being taken ill or injured while carrying out their ministry for St. John's Parish, 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:

I give consent for my child to be trained and to participate

as a _____ (Name of Ministry)
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.

Signed: _____ Date: _____