

## Altar Server Application/Consent Form

(All information will be treated in confidence)

Parish of: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian - Telephone Contact Number: \_\_\_\_\_

Parent/Guardian - Mobile Contact Number: \_\_\_\_\_

Other Emergency Details – Name: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Does your child suffer from any medical condition, disability or allergy? Yes  No

Please give details below (If necessary please attach note)

\_\_\_\_\_

**Consent:**

I give consent for my child \_\_\_\_\_ to be trained and participate as an altar server in the parish of \_\_\_\_\_.

I have read the Archdiocese of Cashel & Emly Safeguarding Children Policies and Procedures.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_