

Sample Child Consent Form

1. Name of Church organisation _____

Venue/Activity/Group/Event _____

Date/Time _____

Name of Group Leader/person responsible _____

2. Name of Child/Young Person _____

Address _____

Telephone No _____

Date of Birth _____

Give details of **any** medical condition of which the Organisers ought to be aware, please include details of any medication which has to be taken or any dietary requirements. (This information will be treated with confidence).

3. I have read all the information provided concerning the programme of the above activity. I am happy to participate in the activity. I am aware that my parents are also consenting to my participation in the activity. I am aware of and understand the Archdiocese of Cashel and Emly Safeguarding Children Policies and Procedures and I agree to abide by them.

Signed _____ Date _____

(child)

Name and contact details of parent/guardian

Address _____

(if different from above)

Any additional telephone numbers during the period of the activity _____