

Form 6

SPECIFIC EVENT OR ACTIVITY CONSENT FORM

This Consent Form is to be completed in respect of children/young people wishing to take part in a Church-related once-off event or activity in the Diocese of Galway Kilmacduagh and Kilfenora (such as an outing).

Child's/young person's name _____ Date of Birth _____

Parish _____

Special event/activity _____

Name of Co-ordinator/Leader _____

Name of parent/guardian _____

Address _____

Phone Numbers _____
Numbers at which a parent/guardian may be contacted at the time of the event/activity

Parent's/Guardian's Email _____

Your relationship to the child/young person _____

Please provide other information that might be relevant (e.g. medical conditions, special needs, dietary requirements etc).

I confirm that I have read/heard the information provided about the event/activity and I am satisfied that I have been sufficiently informed about it. I agree to allow the young person named above to take part in the event/activity as described.

Signature of parent/guardian _____ Date _____