

**St Agatha's Parish, Cranbourne
Children's Advent Retreat Consent Form**

Participant's Details:

Child's Full name: <small>(surname last and in CAPITALS)</small>		
Date of Birth:	Age:	Gender:
Address:		
Parent/Guardian's name: <small>(surname last and in CAPITALS)</small>		
Relationship to child (e.g. Mother):		
Address: Email :		
Telephone: (Home)	(Work)	(Mobile)
Do you have Ambulance Cover? If yes, subscription number		
Does your child have any medical conditions we should know about?		
Is your child currently taking any medication? If so please provide name of medication, dosage & when it is required.	Name of medication: Dosage: At what time to be administered: Manner of administration:	
Does your child have any allergies? Please give details and supply anti-dote as appropriate.		
Is there any other information that we should know about your child's needs?		

Please provide details for at least one person we can contact if we are not able to reach you in an emergency.

Emergency contact 1

Name: <small>(Surname last and in CAPITALS)</small>		
Relationship to Child:		
Telephone: (Home)	(Work)	(Mobile)
If participant is under 18, do you give permission for this person to collect your child?		

Emergency contact 2

Name: <small>(Surname last and in CAPITALS)</small>		
Relationship to Child:		
Telephone: (Home)	(Work)	(Mobile)
If participant is under 18, do you give permission for this person to collect your child?		

Please turn over to sign Consent Form

St. Agatha's Parish, Cranbourne

Parental/Guardian Consent Form

I (Parent/Guardian's name) consent to my child

..... (Child's Full name) being a member of **St Agatha's Parish Youth** and to attend the Youth Retreat organised by the parish on Saturday, 26th November 2022.

I further consent to a photograph or video image of my child being taken and used without acknowledgement, remuneration or compensation, in publications (print, websites, social media, DVDs, CDs, etc) and/or presentations of St Agatha's Parish and the Catholic Diocese of Sale or its parishes. ***[Please cross out this paragraph if you do not permit your child to be photographed or videoed]***

In the event of any emergency and you are unable to communicate with me or my nominated emergency contacts, I consent to my child receiving such medical or surgical treatment (including the administration of an anaesthetic) by a registered medical practitioner as may be deemed necessary and I agree that any such treatment shall be at my expense.

I have informed St Agatha's Parish of any allergies or other medical conditions of my child. I shall make any necessary medication available in its original packaging placed in a bag/box clearly marked with my child's name, dosage of medication, times of administration, manner of administration and whether the medication needs to be refrigerated. I or my nominee shall **personally** hand over such medication and instructions to the organisers. I shall ensure that such medication shall not have passed its expiry date.

I hereby give my consent to the administration of such medication to my child as stated above.

In the event that I am unable to pick up my child after the retreat, I shall inform the organisers of the identity of the person authorized to pick up my child.

.....
Signature of Parent/Guardian

.....
Print name (Surname last and in CAPITALS)

.....
Relationship to child

.....
Date