

St Agatha's Parish, Cranbourne – Christmas Party Consent form

Participant's Details:

Child's Full name: <small>(surname last and in CAPITALS)</small>		
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		
Parent/Guardian's name: <small>(surname last and in CAPITALS)</small>		
Relationship to child (e.g. Mother):		
Address:		
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.		
Does your child have any allergies?		
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 turnover to sign Consent Form.

St. Agatha's Parish Cranbourne – Consent Form

Parental/Guardian Consent Form:

I (Parent/Guardian's name) consent to my child
..... (Child's Full name) attending and participating in

St Agatha's Parish, Altar Servers Pizza Night at St Agatha's Parish Hall, 5.00pm to 7.30pm on Thursday 12th December 2024

In the event that you are unable to communicate with me [or my nominated emergency contacts], I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

I have informed you of any allergies or other medical conditions of my child and will make any necessary medication available.

I consent to a photograph or video image of my child being 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 give permission for your child to be photographed or videoed.

.....
Signature of Parent/Guardian

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

.....
Relationship to child

.....
Date