



Parental Consent for an Activity 2021

Our Lady of Sorrows and St. Bridget of Sweden, Isleworth, is fully committed to safeguarding and promoting the well-being of all its parishioners. We should always show respect and understanding for the safety and welfare of others. Parishioners are encouraged to be open and to share any concerns or complaints that they may have with the Parish Safeguarding Representative.

TO BE COMPLETED BY THE PARENT OR GUARDIAN OF CHILDREN TAKING PART IN CHURCH-LED ACTIVITIES

(i) CHILD'S DETAILS	
Full Name	
Date of Birth	
(ii) NATURE OF EVENT/ACTIVITY	
Description	
Date	
Time	
Location	
(iii) EMERGENCY CONTACT DETAILS (1)	
Full Name	
Relationship to child	
Daytime contact number	
Evening contact number	
Mobile Number	
Do you have parental responsibility for the child?	
If not, please give name and contact details of the person with parental responsibility	
(iv) EMERGENCY CONTACT DETAILS (2)	
Full Name	
Relationship to child	
Daytime contact number	
Evening contact number	
Mobile Number	
Do you have parental responsibility for the child?	
If not, please give name and contact details of the person with parental responsibility	



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(v) CONTACT DETAILS FOR CHILD'S DOCTOR	
Name of GP surgery	
Name of GP	
Address of GP surgery	
Contact number for GP surgery	
Child's NHS number	
(vi) MEDICATIONS	
Does your child have any condition/s requiring the administration of medications or other treatment?	YES/NO (Please Circle)
My child requires the following medications	
(vii) IMMUNISATIONS	
Does your child have the governmentally recommended immunisations for their age?	YES/NO (Please Circle)
When was the date of their most recent Tetanus immunisation	
(viii) ALLERGIES	
Does your child suffer from any known allergies?	YES/NO (Please Circle)
Does your child have an EpiPen?	YES/NO (Please Circle)
I confirm that I have discussed the management/administration/storage of the medication with the event leader	Signed: Date:
(ix) DIETARY REQUIREMENTS	
Please list any dietary requirements either on medical grounds or personal beliefs	
(x) PAIN RELIEF	
In the event that your child has a fever or is injured do you consent to the Activity Leader administering the appropriate treatment or accessing the appropriate treatment from a trained and qualified third party?	YES/NO (Please Circle)

(x) ADDITIONAL EMOTIONAL NEEDS	
Does your child have any additional emotional needs that are unique to them?	YES/NO (Please Circle)
Please give details	

Our Lady of Sorrows and St Bridget
 112 Twickenham Road, Isleworth, TW7 6DL
 Parish Office: 020 8560 1431



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(vi) CODE OF CONDUCT DECLARATION

I understand that all leaders and helpers will be expected to adhere to the Code of Conduct for Leaders and Helpers 2019

Signed:

Date:

I acknowledge the need for my child to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Child and Young People 2019 is fully understood by my child

Signed:

Date:

STATEMENT OF CONSENT

I give my express consent to my child, as named above, participating in the activities detailed in this form.

Parent's/Guardian's Full Name:

Signed:

Date: