



Diocese of Portsmouth
Registered Charity No. 246871
Safeguarding Office

Parental Consent Form

Child's Name: _____

Date of Birth: _____

Address: _____

Parental Contact phone number: _____ Mobile: _____

Alternative Emergency Contact Name: _____

Relationship: _____

Address: _____

Contact phone number: _____ Mobile: _____

Health (Please tell us of any allergies, or if your child suffers from any ailments and/or is taking any medication)

**I agree to my son/daughter _____ taking part in the
activity based at _____.**

I agree for my son/daughter having their photograph taken
and being shown in the Churches.

I agree to the images being published in
Portsmouth People and on Diocesan websites.

When the session is finished, I will (please tick appropriate box)

Collect my child _____ will collect my child.

I am happy for _____ to make his/her own way home.

Declaration

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: _____
(Parent/Guardian)

Date: _____