



## Diocese of Paisley

Parental Consent Form – Lenten Primary School Day Sunday 12th March

2.00-5.30pm

Name of participant:

Date of Birth:

I \_\_\_\_\_ agree to my son/daughter attending the above-mentioned events and to his/her participation in all activities. I acknowledge the need for responsible behaviour on his/her part and confirm that I have discussed this with my son/daughter.

In case of an emergency, I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. The Diocese of Paisley, its parishes, employees, servants or agents will not be liable as a result of signing the form of consent and parents will indemnify the above mentioned in respect of any claim.

**Required medical / contact information**

- Does your son/daughter suffer from any condition requiring medical treatment, including medication? If yes, please give details:
- Is your son/daughter allergic to any medication? **YES / NO**

**If yes, please specify:**


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**Please outline any special dietary requirements:** \_\_\_\_\_**I may be contacted at:**

Home:

Work:

Mobile:

Address:

**Alternative contact:**

Name:

Relationship:

Telephone:

Address:

Photographs may be taken at Diocesan Youth Events to illustrate the work of the Diocese.

If you **DO NOT** wish your son/daughter to be photographed, please tick -

**NO PHOTO**