Form 10 Parental consent

This form is designed to be completed by a parent or guardian of a child wishing to attend parish events. This form is valid for 12 months and in signing the form a parent or guardian is providing the parish with written consent for their child to attend the listed activity. We recognise that circumstances can change. Please inform the parish if there are any changes as soon as possible.

Parish: St Andrew's

Name of event: PREP

Date/s of event From: To:

Name of organiser: St Andrew's Parish, Clarkson

or Name of Activity: Parish Religious Education Program

Day of recurring activity: Wednesday

Time of recurring activity: 3.45pm – 5pm

DETAILS OF CHILD/YOUNG PERSON

Name*

Address*

Date of Birth* MALE ☐ FEMALE ☐

Other relevant information: *(Please mention any medical conditions, special needs or dietary requirements.)* Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

PARENT/GUARDIAN CONTACT DETAILS

Full Name*

Daytime phone No. Mobile*

Email address*

In Cases of a medical emergency: In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the following telephone numbers:

Parent/Guardian Signed Date ……./……../20….

HEALTH FORM

Name of church group/event: Parish Religious Education Program

Name of participant*

PERSONAL DETAILS

Name*

Address*

Date of birth* Phone Number/s

CONTACT FOR EMERGENCIES

CONTACT 1 - Parent/Guardian

Name | Relationship to child

Address

Tel Nos (work) (home) (other)

CONTACT 2 - Parent/Guardian

Name | Relationship to child

Address

Tel Nos (work) (home) (other)

DOCTOR'S DETAILS

Name | Phone Number/s

Address

Medicare card No. | No. on Card

Private Health Fund | Member No.

MEDICAL DETAILS

Does s/he suffer from any illness? **Y** ☐ **N** ☐ If yes, please state

When did s/he last have a tetanus vaccine?

Does s/he last have impaired hearing? impaired vision ☐ other disability ☐

Please specify

Any other information we should know?

I hereby declare that all the information provided are true and correct to my knowledge and I also understand that Parish of St Andrew, Clarkson therefore, will be not responsible for the costs of any medical or dental attention or treatment administered to my child in such an event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

Parent/Guardian Signed ……. Date …….

(CONFIDENTIAL) St Andrew's Catholic Parish, Clarkson

PLEASE KEEP THIS DOCUMENT SECURELY ON FILE

Children's Liturgy Coordinator Full Name

Date received / /20 | Signed

Address St Andrew's Church, 60 Victorsen Parade, Clarkson, WA6030