

# PARENTAL/GUARDIAN CONSENT FORM\*

**SG-05**

CONFIDENTIAL

(See Section 5.1 and Section 5.13 of Safeguarding Children Policy and Procedures)

Parish / Church area: \_\_\_\_\_

Name of child / young person: \_\_\_\_\_

Ministry / ministries child / young person wishes to engage in:  
\_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

I consent to (name of child) \_\_\_\_\_'s involvement in this ministry / these ministries.  
Other relevant information (e.g. medical conditions, special needs, dietary requirements etc.)

I understand that their involvement will require compliance with diocesan child protection policies and procedures of which I have been informed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical note:** If your child / young person in your care requires medical care, suffers specific allergies or requires certain dietary requirements please state so here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Activities conducted outside of normal parish group activities will require separate consent forms.

