

Roman Catholic Diocese of Northampton Parental and Medical Consent Form

Event : LUMOS (the content of which is outlined in the enclosed information sheet, obtainable from www.themicahspace.com/lumos)

Date : 17th-19th July 2009

Please Note : All information is for our records only and will be treated as STRICTLY CONFIDENTIAL

<u>Young Person's Details</u>	<u>Parent's / Guardian's Details</u>
<p>Full Name :</p> <p>Date of Birth :</p> <p>Address :</p>	<p>Full Name :</p> <p>Daytime Telephone Number :</p> <p>Evening Telephone Number (if different) :</p> <p>Mobile :</p> <p>Additional Contact's Name :</p>
<p>Group Leader's name :</p> <p style="text-align: center;">Neil Roseman Diocesan Youth Worker for discipleship</p> <p>Please note that the medical consent signed for below will only be exercised in emergency circumstances when the parent and additional contact are unreachable</p>	<p>Relationship to the Young Person :</p> <p>Additional Contact's Telephone Numbers :</p>

I, the parent/guardian, give permission for

to take part in the activity mentioned above.

I confirm that he/she is in good health, does/does not suffer from diabetes, and does/does not suffer from epilepsy (delete where appropriate).

- I agree to his/her participation in the activities outlined on the attached information sheet, and will arrange appropriate transport to and from the Frontier Centre, Irthlingborough.
- I understand that group / activity photographs may be taken during the event, in line with the Diocesan policy. I give my consent to this.
- I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave in accordance with the enclosed Code of Conduct.
- I will inform the activity organisers if he/she comes into contact with any infectious diseases up to 4 weeks before the activity.
- I understand that I will be contacted in the event of my son/daughter being taken ill or injured during the period of the above event, and that my consent will be requested for any treatment deemed necessary by the appropriate medical authorities.
- In the event that I am not able to be contacted and to the extent that a surgical operation or injection becomes necessary, I authorise the above mentioned group leader to sign on my behalf any forms of consent requested by the medical authorities, provided the delay required to obtain my own signature might be considered likely to endanger his/her health or safety.

Signed :

Date :

✘Please now fill in the sheet overleaf about your child's medical details✘

Roman Catholic Diocese of Northampton
Medical and Essential Information Form

Event: Lumos: imitate

Date: 17th-19th July 2009

Strictly Confidential – for our records only

Surname :

Name :

Date of Birth :

Age :

Contact Telephone Number of Parent / Guardian:

<p>Does your child have any medical condition?</p> <p>Does your child have any regular medication or medical treatment? (name / dosage / purpose / self-administered)</p>	<p>Name and contact details of your child's GP:</p>
<p>Are there any activities (such as swimming) that your child cannot participate in?</p> <p>Is there any other information which we ought to know about your child?</p>	<p>Any specific dietary requirements?</p> <p>Does your child have any allergies? (medication / food / environmental etc?)</p>
<p>Please note that we are pleased to discuss any elements of this activity that you may have concerns about. If you wish to discuss this form further, please don't hesitate to get in contact with Neil or Liz at the Northampton Youth Ministry Office on 01844 273337.</p>	

Signed :

Parent / Guardian

Date :