

CHILD RELATED ACTIVITY CONSENT FORM

DETAILS OF ACTIVITY

The _____ (*parish/diocesan activity*) will be held
at _____ on (*date*) _____

The type of activities undertaken will be (*Description of activities*): _____

All activities will be supervised by (*name of activity leader*): _____

Transport to and from the activity will be by _____ (*private cars, bus, etc.*)

The activity will commence at _____ and will conclude at _____ (*time*)

Participants will be accommodated in _____
(*e.g. dormitory style accommodation, tents, etc.*)

The key contact person is _____ (*name*)

who can be contacted on _____ (*contact numbers*)

1 There will be no high risk activities

2 High risk activities will include _____

(*Either 1 or 2 to be ticked and details of high risk activities included*)

PARENTAL/GUARDIAN CONSENT

As parent/guardian of _____ I give consent for him/her to take part in
the above activity. The leaders and instructors have my authority to take whatever action they think
necessary to ensure the safety, wellbeing and successful conduct of the group or individuals in the above
activities.

Signature of parent/guardian: _____

Name: _____ Date: _____