

# *Parish of the Assumption, Booterstown*

## **Youth Application and Parental Consent Form**

Young Person's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age \_\_\_\_\_

I wish to participate in the following Parish Organisations/Activities:

Name of Organisation/Activity: Altar Server / Children's Liturgy / Children's Choir \_\_\_\_\_

I and my child agree to adhere to the Parish Code of Behaviour for Children/Young People

I and my child agree to comply with the Parish Code of Anti-Bullying Policy:

Signed \_\_\_\_\_ (child) Date \_\_\_\_\_

Signed \_\_\_\_\_ (parent) Date \_\_\_\_\_

### **PARENTAL CONSENT FORM**

I understand that there is a Webcam in the church from which my child will be visible when participating in the Children's Choir, altar serving, reading or bringing up gifts at Mass.

I confirm that:

- (a) The above named young person is allowed to participate in Parish Activities.
- (b) In the event of an emergency, the following persons should be contacted:

First Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Second Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

In the event of illness, having responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a person qualified in First Aid, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication and give permission for an ambulance to be called or other measures as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Email address \_\_\_\_\_