THE CATHOLIC PARISH OF
BOGNOR REGIS AND **SLINDON**

We are followers of Jesus, on fire with his love, sharing that love with each other and with the world.

Children's Liturgy of the Word

Parental Consent for an Activity

Child's Details

Child's Full Name:	
Date of Birth:	

Nature of Event / Activity

Description:	Children's Liturgy of the Word
Date:	Autumn 2026 – Summer 2027
Time:	Sunday 11am Mass, Our Lady of Sorrows

Emergency Contact Details

Full Name:	
Relationship to Child/Young Person:	
Daytime Contact Number:	
Evening Contact Number:	
Mobile Number:	
Do you have parental responsibility for the child/young person?	☐ Yes ☐ No
If not, name and contact details for person with Parental Responsibility:	

Full name:	
Relationship to Child/Young Person:	
Daytime Contact Number:	
Evening Contact Number:	
Mobile Number:	
Do you have parental responsibility for the child/young person?	☐ Yes ☐ No

Form to be retained for 3 years after event/activity ceases.

PTO

If not, name and contact details for person with Parental Responsibility:	

Code of Conduct

I understand that all leaders and helpers will be expected to adhere to the Code of Conduct.	☐
I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child.	☐

Medical Information

Allergies

Please detail your child's known allergies:

➥	
My child has an EpiPen:	☐
My child has the following EpiPen:	
I confirm that I have discussed its management/administration/storage with the event leader	☐

Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

➥

We will use this information to help responsible adults to support your child should any difficulties arise.

Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

➥

Contagious Diseases

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

➥

Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form: should any of these details change in the year Autumn 2026 to Summer 2027 I will submit a new form

Signature:	
Parent/Carer's Full Name:	
Date:	Email:

Form to be retained in accordance with the record retention schedule.