



Diocese of Wrexham
Parent/carer consent form
Youth Day 21st November at St Josephs Colwyn Bay

To be completed and returned to School or Parish Priest 3 weeks before the Youth Day

School/Parish: _____

Your child's name _____

Medical and dietary

a) Does your child have any physical or behavioural condition that may affect him/her during the visit?

YES/NO

If YES, please give details: _____

b) Please give details of any allergies: _____

c) Please give details of any special dietary requirements of your child: _____

Your contact details

Telephone: Home: _____ Work: _____ Mobile: _____

Home address: _____

Alternative emergency contact

Name: _____ Telephone: _____

Address: _____

Declaration – Please tick boxes to show consent

☐	I understand that all reasonable care will be taken of my child during the activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
☐	I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her, or he/she may be brought home early from the activity.
☐	I understand that the Diocese may use activity images for promotional or publicity purposes
☐	I understand that all the Youth Leaders for the Youth Day are DBS checked

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____

This information will not be disclosed to any other party other than in the event of an incident emergency and will be destroyed/deleted within 24 hours of the event/activity finishing.

We are grateful to you for allowing your child to participate in this Youth Activity; please be assured that very reasonable precaution taken and risk assessment have been made within our the areas of our responsibility to keep your child safe.

This form to be sent by email to Anne Ryan Chair Youth Commission at chris_ry02@hotmail.com 2 weeks before the date of the Youth day.