



Catholic Diocese of Bunbury Safeguarding Consent Form



Confidential

This form is to be completed by a Parent, Carer or Guardian of a child/ren or young person (under 18 years) attending parish activities or events. It is to be used when a child or young person first joins the parish and is valid for the duration of their time at the parish for that activity.

If circumstances change, it is the responsibility of the Parent, Carer or Guardian to notify the parish as soon as possible and complete a new Consent Form.

A Parent/Carer Consent Form is NOT required for Children's Liturgy (held during Mass) as parents are present in Mass.

I hereby give consent for the child/ren detailed to attend the activities/events listed below.	Child (1) Name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			
	Child (2) Name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			
	Child (3) name		Date of birth	/ /
	Medical conditions, disabilities, allergies, phobias, special needs			

Name of Activity/Event:	
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Please tick:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I understand my child/ren may be photographed or filmed during Church activities/events and I consent to the use of such material within the Church community for promotional purposes only.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for my child/ren to engage in online forums in accordance with the Safeguarding Guidelines.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In an emergency, I give permission for medical assistance, including transport if necessary, and agree to pay for any expenses incurred.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There are no parental/custodial orders that need to be followed during pick up and drop off. <i>If yes, Activity Coordinator to discuss with Safeguarding Officer/Coordinator.</i>

PARENT/CARER OR GUARDIAN CONTACT INFORMATION

Surname		First Name	
Address			
Phone Number			
Email Address			

SIGN		DATE	
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ADDITIONAL or EMERGENCY CONTACT

Surname		First Name	
Address			
Phone Number			
Email Address			

RETAIN FORM AT PARISH