

**DIOCESE OF WATERFORD & LISMORE**  
**Parental/Guardian Consent Form - Special Activity\***

Parish / Church area: \_\_\_\_\_

Name of child / young person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special Activity: \_\_\_\_\_

Name of Co-ordinator: \_\_\_\_\_

Name of parent / guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime phone no: \_\_\_\_\_ Home phone no: \_\_\_\_\_

Mobile phone no: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Other relevant information (e.g. medical conditions, special needs, dietary requirements etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read and I understand the activity outline accompanying this permission slip. I am satisfied that I have been sufficiently informed about the activity and I agree to allow the young person named above to take part in the outlined activity.**

Signature of parent or guardian: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Date: \_\_\_\_\_

**\*This form is to be used for activities outside the routine meetings/gatherings of members. Parents or guardians must complete this form in order for their child to participate in the specified activity.**