

**DIOCESE OF WATERFORD & LISMORE
Parental/Guardian Consent Form**

Parish / Church area: _____

Name of child / young person: _____

Date of Birth: _____

Venue/Activity/Group/Event: _____

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: _____

