APPENDIX 6

Parental Consent Form

Name of Child:		Date of Birth
Address:		
Name of Parent/Guardian:		
Telephone: Home: Work:	Mobile: Emergency Contact No.:	
	Emergency Contact No	
Parish Activity/Group: Medical Information (Parent/Guardian	n must complete medical section)	
Name of GP:	i musi comptete meateat section)	
Address:	Tel. No	
Does your child suffer from any of the fe		
	betes: Yes 🗌 No 🗌	
Epilepsy: Yes \square No \square AlleAdditional information:	ergies: Yes \Box No \Box	
Additional information:		
Special Needs:		
Other: (give details)		
Is your child on any medication at present	nt?	
If so, please give details		
Any other information relevant to your c	child's welfare and safety:	
I acknowledge that I have an ongoing di	ity to give the activity leaders any	v information relevant to the
welfare and safety of my child. I agree th		•
protocols of confidentiality, in paper and		
I hereby give consent for my child to tak	e part in the above activity.	
Signed:		
Data		
Date:		
Parish of St. Pa	trick Donabate Portrane & Ralh	nearv
Parish of St. Pa	trick, Donabate, Portrane & Balh	leary

Children's Code of Behaviour		
I will:		
1. Treat all other children and group leaders with respect		
2. Be cooperative and do my best in my activities		
3. Be fair in all I say or do		
4. Not use violence or engage in physical contact with others		
5. Behave in a respectful way in God's house, the church		
7. Respect the rule that the use of mobile phones is prohibited within the Church.		
9. Not use or bring anything inappropriate or dangerous into the Church.		
10. Talk to the person/s in charge if I have a problem		
Signed: (Child) Date:		
Signed (Parent/Guardian: Date:		
Children who do not comply with these principles will be addressed calmly and fairly by the leaders of the group. Parents will be informed of serious breaches. The parish reserves the right to end the participation of a child in the activity due to serious misbehaviour.		
Parish of St. Patrick, Donabate, Portrane & Balheary		