

Parental consent form



Personal Details
Name
Address
Postcode
Email
Parish
Mobile number
Date of Birth D/M/Y
Emergency contact
Name
Email
Home number
Mobile number
Relationship to you

Medical information & Special requirements
Please use this space to let us know of any medical condition you may have or any medication you regularly take. Please include any allergies.
This information will be kept confidential and will only be shared with your permission.
Permissions
If under 18 at the time of the event parents or legal guardian must complete the section below:
I consent to my son/daughterto attend the Diocesan Youth Gathering 2018
I give permission for the leaders of this event to act on my behalf and I give consent to any appropriate medical treatment as recommend by medical staff in case of accident or illness.
Signed
Date D/M/Y
GDPR
If you would like to be placed onto our email and social media distribution list for future events in the
Clifton Diocese, please tick this box.
Information provided on this form, together with all other personal data held about these individuals by the Parish and the Clifton Diocese, is processed in accordance with the Diocese's Privacy Notice; which is available at https://cliftondiocese.com/privacy-notice or from the Diocesan office.

