



[www.cliftondiocese.com/youthministry](http://www.cliftondiocese.com/youthministry)



## 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/daughter \_\_\_\_\_  
to attend the CYMFed Flame with the Clifton Diocese 2nd March 2019

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.

