

7 † SANDYFORD / KILTERNAN / GLENCULLEN PARISH †



CONSENT OF PARENT / GUARDIAN TO PARTICIPATION
OF YOUNG PERSON IN PARISH ACTIVITY

Name: _____

Address: _____

Telephone Nos. for Parent/Guardian: _____

I have read the Policy Statement and the Code of Behaviour of the Parish for working with children and young people. I understand that the granting of membership to my child _____ is on condition that all requirements of participating in the Parish _____ Group as have been or may be outlined to my child or myself will be adhered to by my child. I further understand that failure to adhere to those requirements may result in immediate withdrawal of membership for my child in the group.

Signed: _____ **Date:** _____

Medical Note: If your child requires medical care, suffers specific allergies or requires certain dietary requirements please state so here: _____
