



**Roman Catholic**  
**Diocese of East Anglia**  
Diocesan Youth Offices, 21 Ugate,  
Poringland, Norwich, NR14 7SH  
**Email:** igniteteam@rcdea.org.uk  
**Tel:** 01508 486236



## Parental Consent Form

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### Parental Consent Form

By filling out the following you agree to your child participating in the Ignite Team's, 'Glow Retreat Day' for those in Secondary School taking place at St John Baptist Cathedral's Narthex on the 24<sup>th</sup> November from 9:30am – 5pm.

### Child's Details

Child's Full Name:	
Date of Birth:	

### Emergency Contact Details

Full Name:	
Relationship to Child/Young Person:	
Daytime Contact Number:	
Evening Contact Number:	
Mobile Number:	
Do you have parental responsibility for the child/young person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, name and contact details for person with Parental Responsibility:	

Full name:	
Relationship to Child/Young Person:	
Daytime Contact Number:	
Evening Contact Number:	

Mobile Number:	
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**Medical Information**

*Child/Young Person's Doctor*

Name of surgery:	
Surgery telephone number:	

*Medications*

Does your child have any condition/s requiring the administration of medications or other treatment?

Yes	<input type="checkbox"/>
My child requires the following medications and treatment:	
No	<input type="checkbox"/>

*Allergies*

Please detail your child's known allergies:

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My child has an EpiPen:	<input type="checkbox"/>
My child has the following EpiPen:	
I confirm that I have discussed its management/administration/storage with the event leader	<input type="checkbox"/>

*Dietary Requirements*

Please list any dietary requirements:

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*Pain Relief*

In the event that your child has a fever or is injured and we need to give pain relief, are there specific indications about the type of pain relief used and dosage?

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### Additional Physical Requirements

Is there any other relevant information/specific requirement(s) that needs to be known?

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### Transportation

Please complete full details as to how your child will travel to the event, including name and contact details of person(s) responsible for transportation/drop-off/collection:

To and from the activity or pick-up point:	
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### Statement of Consent

I give my express consent to my child, as named above, participating in the Ignite Team's, 'Glow Retreat Day':

Signature:	
Parent/Carer's Full Name:	
Date:	

### Photography

I give consent to my child being photographed and/or videoed at the 'Glow Retreat Day' and for the photography to be used in publicity by and on behalf of the Diocese of East Anglia and the Ignite Youth Mission Team:

Singed Parent/Carer:	
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