

**Confirmation Preparation
Parental Consent Form**

Young Person's Name: _____

Date of Birth: _____ Email: _____

Parents Names: _____

Address: _____

Parental Contact phone number: _____ Mobile: _____

Alternative Emergency Contact Name: _____

Relationship: _____

Address: _____

Contact phone number: _____ Mobile: _____

Health (Please tell us of any allergies, or if your child suffers from any ailments and/or is taking any medication)

I agree to my son/daughter taking part in the CONFIRMATION PREPARATION PROGRAMME

(Please Tick)

I agree for my son/daughter having their photograph taken and being shown in the Churches.

I agree to the images being printed in parish, diocesan and ReadingCYM newsletters and magazines.

I agree to the images being used on the parish and ReadingCYM websites.

I agree for my son/daughter being on a video and for it to be shown in the Churches and on the ReadingCYM and parish websites.

I am happy to be contacted about youth activities in the Pastoral Area of Reading

When the session is finished, I will (please tick appropriate box)

I will collect my child I am happy for my child to make their own way home.

My child will be collected by _____

Declaration

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: _____
(Parent/Guardian)

Date: _____

Your details will be kept securely by the Church to communicate information regarding the Confirmation Programme. If you have ticked the statement about youth activities in the Pastoral Area of Reading then you will be added to the youth ministry database. This information will be kept in accordance with the Data Protection Act of 1998, the law that protects your rights concerning your personal information.