

GIFT (GROWING IN FAITH TOGETHER)
ST BRIGID'S PARISH PARENTAL CONSENT FORM

ACTIVITY: GIFT Programme **VENUE:** St Brides Hall **TIME:** Sunday 6.30 pm to 8.00 pm

GROUP CO-ORDINATOR: Michelle Toner: 07511042440 or Ciara Rafferty 07368827666

Email Parish Office stbrigids@downandconnor.org

Name of young Person: _____ **Date of Birth:** ___/___/___

Name of Parent or Guardian: _____

Address: _____ **Post Code:** _____

Primary School _____ **Secondary School:** _____

Mobile No: _____ **Home No:** _____

Email address: _____

This consent form will be held for the full five years of the GIFT Programme

Please note it is the responsibility of parents/guardians to make the necessary arrangements for their children to and from the Parish centre or the venue as indicated on the activity programme.

All activities will end at 8.00 pm on Sunday nights. The programme can only be responsible for its members for the duration of the session-i.e. *Sunday 6.30 pm to 8.00 pm and at any additional time arranged.*

It is the responsibility of Parents/Guardians to draw to the attention of the Group leaders, any **special requirements** that your child may have, e.g. **dietary, allergies, medical conditions** , for which special arrangements should be made or consent obtained. Please indicate special requirements on the lines below.

It is also the responsibility of Parent/ Guardian to inform the Group leaders of any change to this information during the five years of GIFT.

Media/Photographs

Please note we hope to take photographs during the sessions **which the Parish may publish**. If you **DO NOT** wish your Son/Daughter to be photographed please state on the line _____

In an **EMERGENCY** if the volunteers or co-ordinators are unable to contact you; do you agree to your child being placed in the care of medical staff? **Please delete as appropriate YES/NO.**

If you would like to be a **parent volunteer**, please tick the box and we will write out to you in September.

I understand the information provided. I agree to allow the young person named above to participate in the GIFT programme.

Signature of Parent/Guardian: _____ **Date:** _____

OFFICE USE: £20 Fee Paid: Date cash/cheque