



**Diocese of Portsmouth**  
Registered Charity No. 246871  
**Safeguarding Office**

**Sample Parental Consent Form**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**  
**activity based at** \_\_\_\_\_ **[ ]**

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

I agree to the images being published in  
Portsmouth People and on Diocesan websites. **[ ]**

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

Collect my child **[ ]** \_\_\_\_\_ will collect my child **[ ]**

I am happy for \_\_\_\_\_ to make his/her own way home **[ ]**

**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: \_\_\_\_\_