



PARENT / CARER CONSENT FORM



This form is to be completed by a parent or carer of a child/ren or young person (under 18 years) wishing to attend SGYW (Schoenstatt Girls and Young Women) or other Schoenstatt Movement activities or events.

It is to be used when a child or young person first joins SGYW or any other Schoenstatt youth or family branch and is valid for the duration of their time with the Schoenstatt Movement. If circumstances change, it is the responsibility of the parent/carer to notify the SGYW coordinator or Schoenstatt Movement Office as soon as possible.

A Parent/Carer Consent Form is NOT required for events where the parents are also present.

| | | | | |
|--------------------|---|--|---------------|-----|
| I give consent for | Child (1) Full name | | Date of birth | / / |
| | Medical conditions, disabilities, allergies, phobias, special needs | | | |
| | Child (2) Full name | | Date of birth | / / |
| | Medical conditions, disabilities, allergies, phobias, special needs | | | |
| | Child (3) Full name | | Date of birth | / / |
| | Medical conditions, disabilities, allergies, phobias, special needs | | | |

Please tick:

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | to attend the activities/events listed below. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I understand my child/ren may be photographed or filmed during Church activities/events and I consent to the use of such material within the Church community for promotional purposes only. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I give permission for my child/ren to engage in online forums in accordance with the Safeguarding Guidelines. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In an emergency, I give permission for medical assistance, including transport if necessary, and agree to pay for any expenses incurred. |

Name of Activity/Event: **17 March 2024, 1.30pm - 4.30pm Girls Afternoon in Lent, aged 8-11**

PARENT/CARER

| | | | |
|----------------|--|------------|--|
| Surname | | First name | |
| Address | | | |
| Phone number/s | | | |
| Email | | | |

| | | | |
|-------------|--|-------------|--|
| SIGN | | DATE | |
|-------------|--|-------------|--|

ADDITIONAL PARENT/CARER or EMERGENCY CONTACT

| | | | |
|----------------|--|------------|--|
| Surname | | First name | |
| Address | | | |
| Phone number/s | | | |
| Email | | | |

PLEASE RETURN TO EVENT ORGANISER – WILL BE RETAINED AT SGYW / SCHOENSTATT MOVEMENT OFFICE