

**Roman Catholic Diocese of Northampton Parental and Medical Consent Form**

**Event:** LUX.mirth  
(the content of which is outlined in the information sheet, obtainable from [www.nymo.org](http://www.nymo.org))

**Date:** 3<sup>rd</sup> – 5<sup>th</sup> February 2017

**Group Leader's name:** Neil Roseman Director of Youth Ministry, RC Diocese of Northampton

**Young Person's Details**

**Full Name :**

**Date of Birth :**

**Address :**

Please give details as to how your son/daughter will travel to and from Lux.  
(please note that parents/guardians hold this responsibility):

**Parent's / Guardian's Details**

**Full Name :**

**Daytime Telephone Number :**

**Evening Telephone Number (if different) :**

**Mobile :**

**Additional Contact's Name :**

**Relationship to the Young Person :**

**Additional Contact's Telephone Numbers :**

I, the parent/guardian, give permission for \_\_\_\_\_ to take part in the activity mentioned above.

I confirm that he/she is in good health, does/does not suffer from diabetes, and does/does not suffer from epilepsy (delete where appropriate).

- I agree to his/her participation in the activities outlined on the attached information sheet, and will arrange appropriate transport to and from the venue
- I understand that group / activity photographs may be taken during the event, in line with the Diocesan policy. I give my consent to this and their use in fulfilling the aims of RC Diocese of Northampton.
- I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave in accordance with the enclosed Code of Conduct.
- I will inform the activity organisers if he/she comes into contact with any infectious diseases up to 4 weeks before the activity.
- I understand that in the event of an illness or accident every effort will be made by the event leader or their assistants to contact me.
- If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed :

Date :

✠Please now fill in the sheet overleaf about your child's medical details✠

**Roman Catholic Diocese of Northampton**  
**Medical and Essential Information Form**

**Event: LUX.mirth**

**Date: 3<sup>rd</sup> – 5<sup>th</sup> February 2017**

**Strictly Confidential – for our records only**

**Surname :**

**Name :**

**Date of Birth :**

**Age :**

**Contact Telephone Number of Parent / Guardian:**

<p>Does your child have any medical condition, such as diabetes or epilepsy?</p>  <p>Does your child have any regular medication or medical treatment? (name / dosage / purpose / self-administered)</p>	<p>Name and contact details of your child's GP:</p>  <p>Date of latest tetanus ( if known):</p>
<p>Are there any activities (such as swimming) that your child cannot participate in?</p>  <p>Is there any other information which we ought to know about your child (such as fears or Phobias)?</p>	<p>Any specific dietary requirements?</p>  <p>Does your child have any allergies? (medication / food / environmental etc?)</p>
<p>Please note that we are pleased to discuss any elements of this activity that you may have concerns about. If you wish to discuss this form further, please don't hesitate to get in contact with Neil at the Northampton Youth Ministry Office on 01582 720627.</p>	

**Signed :**

**Parent / Guardian**

**Date :**

*confidentially, updated when appropriate, and destroyed when no longer required*