

# DIOCESE OF SHREWSBURY - SAFEGUARDING OFFICE

*"Keeping children, young people and vulnerable adults safe"*



**Pauline Butterfield BA (Hons) Dip SW**  
**Safeguarding Co-Ordinator**  
Curial Office, 2 Park Road South  
Prenton, Wirral CH43 4UX  
Tel 0151 652 9855

## DIOCESAN PILGRIMAGE TO LOURDES 2010

### PARENTAL CONSENT FORM

Name of Young Person .....

Address .....

.....

..... Post Code .....

Date of Birth ..... Tel No .....

If part of a group please state which .....

Date of departure ..... Date of return .....

I agree to the above named young person taking part in this Pilgrimage. I understand that my son/daughter will be travelling by **coach/train/plane** (delete as appropriate) and that he/she will be in the care of ..... for the duration of the journey.

Whilst in Lourdes my son/daughter will be staying at

Name of Hotel .....

Address .....

.....

.....

Tel No .....

I understand that the group will be allocated accommodation together in the hotel. My son/daughter **will/will not** have my permission (delete as appropriate) to go outside the hotel unaccompanied by other group members. I **do/do not** consent (delete as appropriate) to my son/daughter being allowed outside the hotel with their peers without an adult leader. I have discussed this situation with my son/daughter.

Where parental consent has been given for young people to go out unaccompanied by an adult leader then the young people will be given a curfew of 12.30 am.

I understand that in addition to the pilgrimage programme the following leisure activities are planned for our group during the pilgrimage ;

.....

.....

.....

I **consent/do not consent** (delete as appropriate) to my son/daughter undertaking the above activities. Where swimming activities are planned I confirm my son/daughter is a competent swimmer and I **consent/do not consent** (delete as appropriate) to them swimming in the sea. (There may or may not be a lifeguard present).

I agree to ..... 's participation in the activities explained and I acknowledge the need for him/her to behave responsibly. (please continue on part 2)

**MEDICAL INFORMATION**

If the young person named on this form has any conditions requiring medical treatment or medication please give brief details:

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.....

Please outline any special dietary requirements of your child and the type of pain relief he/she may be given if necessary:

.....  
.....

If your son/daughter has any allergy(ies) or is allergic to any medication please specify:

.....  
.....

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**CONTACT TELEPHONE NUMBERS**

Work ..... Home .....

**Alternative emergency contact:**

Name ..... Family Doctor .....

Address ..... Address .....

.....  
.....

Tel No ..... Tel No .....

As parent/guardian of the young person named on this form 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 .....

Full name (capitals) .....

The Pilgrimage Office mobile phone is available 24 hours a day for emergencies during the pilgrimage on +44 (0)7773 324264. Contact may also be made through the Curial Offices on 0151 652 9855 during the day.

**THIS COMPLETED FORM SHOULD BE RETAINED BY THE GROUP LEADER**

**DATA PROTECTION ACT 1998** - the information given above will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.