



RC Diocese of Galloway

Youth Office

Gather · Pray · Discuss · Socialise

Chaplain: Fr Kevin Rennie

St Joseph's, 15a Hill Street, Kilmarnock, KA3 1HB

Telephone: 01563 521832 ✉ youth@rcdg.org.uk

Annual (Parental) Consent Form for all Diocesan Youth Events

1st January, 2025 – 31st December, 2025

Name of participant:

Postal address:

Email:

Mobile number:

Date of Birth:

To be completed by parent/carer if the participant is under 16 years:

I agree to my son/daughter attending the above-mentioned events and to his/her participation in all activities. I acknowledge the need for responsible behaviour on his/her part and confirm that I have discussed this with my son/daughter.

In case of an emergency, I agree to my son/daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. The Diocese of Galloway, its parishes, employees, servants or agents will not be liable as a result of signing the form of consent and parents will indemnify the above mentioned in respect of any claim.

Photographs may be taken at Diocesan Youth Events to illustrate the work of the Diocese. If you DO NOT wish your son/daughter to be photographed, please circle → **NO PHOTO**

Events will ordinarily take place in St Joseph's, Kilmarnock. It's important that we know if you or another person will be collecting your child or if they will be leaving from events unaccompanied. If you are happy for your child to leave after an event without a parent/ guardian present please circle → **TRAVELLING ALONE**

Signed :

Print Name:

Date:

To be completed by young people of all ages

Required medical/contact information (continue overleaf if required):

a. Does the participant suffer from any condition requiring medical treatment, including medication? If yes, please give details:

b. Is the participant allergic to any medication?
If yes, please specify:

YES / NO

c. Please outline any special dietary requirements:

Parents/carers may be contacted at:

Home telephone:

Work telephone:

Mobile:

Home address:

Alternative contact:

Name:

Relationship to participant:

Telephone/Mobile:

Address:

Family Doctor details:

Name:

Telephone:

Address:

Should any details on this form change during 2025 it is the participant's responsibility (or parent/carer's responsibility if the participant is under 16) to contact the Youth Office to update the form.