

**GIFT (GROWING IN FAITH TOGETHER)**  
**ST BRIGID'S PARISH PARENTAL CONSENT FORM**

**ACTIVITY:** GIFT Programme

**VENUE:** PARISH CENTRE

**TIME:** Sunday 6.45 pm to 8.45 pm

**GROUP CO-ORDINATORS:**

Mary Carson, Tel: 07718263019; Briege Kinney, Tel 07708559989

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**Name of young Person:** \_\_\_\_\_ **Date of Birth:**    /    /

**Name of Parent or Guardian:** \_\_\_\_\_

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

**Post Code:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **Home No:** \_\_\_\_\_

**Email address:**

***This consent form will be held for the full five years of the GIFT Programme***

Please note it is the responsibility of parents/guardians to make the necessary arrangements for their children to and from the Parish centre or the venue as indicated on the activity programme.

All activities will end at 8.45 pm on Sunday nights. The programme can only be responsible for its members for the duration of the session-ie Sunday 6.45 pm to 8.45 pm and at any additional time arranged.

It is the responsibility of Parents/Guardians to draw to the attention of the Group leaders, any **special requirements** that your child may have, e.g. **dietary, allergies, medical conditions** , for which special arrangements should be made or consent obtained. Please indicate special requirements on the lines below.

It is also the responsibility of Parent/ Guardian to inform the Group leaders of any change to this information during the five years of GIFT.

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**Media/Photographs**

Please note we hope to take photographs during the sessions **which the Parish may publish**. If you **DO NOT** wish your Son/Daughter to be photographed please state on the line below,

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In an **EMERGENCY** if the volunteers or co-ordinators are unable to contact you; do you agree to your child being placed in the care of medical staff? **Please delete as appropriate YES/NO.**

If you would like to be a parent volunteer, please tick the box and we will write out to you in September.

I understand the information provided. I agree to allow the young person named above to participate in the GIFT programme.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE:** Fee Paid: ..... Date ..... cash/cheque .....