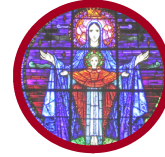


OUR LADY QUEEN OF PEACE PARISH
MERRION ROAD, DUBLIN 4
TEL: 01-269 1825, www.merrionroadchurch.ie



PARENTAL CONSENT FORM

Proposed activity: _____

Coordinator: _____

Contact Number: _____

Name of young person: _____

Name of Parent/guardian: _____

Address: _____

Tel. No. (Daytime) _____ (Evening) _____

Relevant information (e.g. medical conditions, special needs, dietary requirements)

I have read and understand the activity outline accompanying this parental consent form. I am satisfied that I have been sufficiently informed about the activity, that I have sufficient contact details. I agree to allow the young person named above to take part in the outlined activity.

I am aware that Our Lady Queen of Peace Parish has developed a Child Protection Policy and that it is committed to ensure the safety of children.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in the proposed activity:

Signature of parent or guardian: _____

Name in Block Capitals _____

Relationship to young person: _____ *Date:* _____