

Diocese of Peterborough

Parent Consent for Youth Volunteers to Attend Out of Parish Event

This form is to be completed for any volunteer under the age of 18.

Parish: _____ Date: _____

Event: _____

Name of Volunteer - Participant : _____

Volunteer Position(s): _____

Adult Supervisor or Ministry Leader(s): _____

➤ **Signature of Volunteer:** _____

Parent or Guardian Name: _____

- I give permission for my son/ daughter to participate in the above event and or volunteer position(s).
- I understand that he or she is expected to comply with the Participant & Volunteer Guidelines and the activities and the responsibilities of the position description.
- Further, I agree to communicate any significant health problems to the Ministry leaders. It may also be given to health care professionals in case of an emergency.

Health Problems and Allergies: _____

Medication or Treatment: _____

Health Card/OHIP Number: _____ Expiry Date _____

Physician Name: _____ Telephone: _____

➤ **Parent or Guardian Signature:** _____

Address: _____

Street

City

Postal Code

Telephone (Res): _____ Telephone (Bus/Cell) _____

Relationship to Volunteer: _____

➤ **Please provide an additional Emergency contact name**

Name: _____

Address: _____

Street

City

Postal Code

Telephone (Res): _____ Telephone (Bus/cell) _____

Relationship to Volunteer: _____

Information Collection:

Personal information on this form is will be used for emergency contact restricted to the event. The form is to be retained by the supervisor for the length of the event. »All permission forms will be returned to the rectory following the event whereby the personal information will be shredded.