

# Diocese of Peterborough

## # 1130, 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 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.