

WALSINGHAM HOUSE

PARENTAL CONSENT FORM FOR A RETREAT, FOR USE WITH SCHOOL OR PARISH GROUPS.

It is essential that this form is completed, signed, and returned to your group leader prior to the retreat. Thank you.

DETAILS OF THE PERSON ATTENDING THE RETREAT

First Name (s) _____ Surname _____
Address _____

Telephone _____ Date of birth _____

MEDICAL INFORMATION.

Please give details of any medication currently being taken on a regular basis, whether this is self administered or needs an adult to administer it, and also give details of any known medical condition:

Please give details of any allergies, including allergies to medicines or food allergies:

Please give the name and address of your GP

DIETARY NEEDS

Please give details of any dietary needs (e.g. vegetarian). These should be communicated to the group leader at least **two weeks** prior to the retreat, if Walsingham House are providing catering during the retreat, to enable appropriate food to be ordered.

STATEMENT OF CONSENT

The person giving consent should be the **parent** or **legal guardian** of the young person going on retreat.

I consent to _____ (name of young person) attending a retreat at Walsingham House. I understand that they will be expected to adhere to the policies of the house and I give permission for the group leader to authorise emergency medical treatment should the need arise.

For residential retreats: I give permission for my son/daughter to leave Walsingham House, unsupervised, during an afternoon break of approx. one hour. I understand he/she will be advised to stay in the company of three other young people from the group. **YES / NO**

I give permission for photographs which include my son/daughter taken during the retreat to be displayed on the Walsingham House website and in Walsingham House publicity. I understand that no names are displayed with the photos, that they are photos of groups, and that they are not used anywhere else **YES / NO**

Contact telephone number in an emergency

Home _____ Mobile _____

Signed _____ Name _____

Relationship to person attending retreat: Mother/Father/Legal Guardian