

# WALSINGHAM HOUSE

## PARENTAL CONSENT FORM FOR OPEN RETREATS

*It is essential that this form is completed, signed, and returned to Walsingham House prior to the retreat. Thank you.*

### DETAILS OF THE PERSON ATTENDING THE RETREAT

First Name (s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

Email \_\_\_\_\_

### 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).

\_\_\_\_\_  
\_\_\_\_\_

### 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 Sarah Beresford (Walsingham House Director) to authorise emergency medical treatment should the need arise and I cannot be contacted.

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

Please make Cheques payable to Walsingham House