

## Altar Servers' Permission

Holy Ghost Parish  
Church of St Bede  
Popley Way  
Basingstoke  
RG24 9DX

Tel: 01256465214

Email: [stbedes@portsmouthdiocese.org.uk](mailto:stbedes@portsmouthdiocese.org.uk)

**All the information provided will be kept securely in line with GDPR regulations. Only the following people will have access: Parish Priest, Assistant Priest, Parish Deacon, Parish Secretary, Parish Designated Safeguarding Lead (DSL) and Parish MCs.**

Altar Server's Name:	
Parents'/Guardians' Name:	
Date of Birth:	
Address:	
Telephone:	
Email:	

### 1. Transport

Transport Arrangements:	
Names of authorised people whom I permit to provide transport:	

### 2. Medical Conditions

Does the child have a medical condition which we need to be aware of?	Yes/No (please circle)
If 'yes' please specify and state any special arrangements, we may need to make.	

### 3. Allergies

Does the child have any allergies	Yes/No (please circle)
If 'yes' please give details. Remember to include any medication they may need and state below if they need any help to administer it and/or any special storage requirements – please make sure that your child always has all necessary medication with them when serving.	

#### 4. Assistant Requirements

Does the child need any assistance with daily living which we need to be aware of?	Yes/No (please circle)
If 'yes' please specify and state any special arrangements, we may need to make.	

#### 5. Emergency Contact

Are the emergency contact details different to standard contact information previous?	Yes/No (please circle)
If 'yes' please provide the necessary emergency information below:	
Emergency contact name:	
Emergency Tel:	

#### 6. Consent

I give permission for my child to fully participate in Altar Serving:	Yes/No (please circle)
I understand that photographs and recordings at certain events during the liturgical year maybe taken and give permission for my child to be present (all photos and recordings will be taken in line with the Diocese's policies):	Yes/No (please circle)
I give permission for my child to attend their serving duties alone. That means they can arrive and go home on their own – this permission is reserved for children 13 or above:	Yes/No (please circle)
I understand that if I have not given permission for my child to attend Mass on their own, that either myself or an authorised adult will remain during their serving duties:	Yes/No (please circle)
I give permission for any emergency medical treatment of the above child to be administered, even in my absence and to share all required medical information with the emergency services:	Yes/No (please circle)
I give permission for the supplied contact information to be used to keep me up to date regarding anything to do with the Altar Servers:	Yes/No (please circle)

#### 7. Authorisation

I confirm that I am the legal parent/guardian to the above-named child. I understand the activities to which I have consented and authorise the above-named person(s) to collect the aforementioned child. I also understand that I can withdraw my consent at any time by emailing the Parish office.	
Signed:	
Print Name:	Date: