

DUNKELD YOUTH PILGRIMAGE 2019
Under 18s Permission Form



DUNKELD YOUTH SERVICE

Date: Sunday 9th June 2019

Time: 10am - 8.30pm

Age Group: 12-30 years

Please join the Dunkeld Youth Service and Bishop Stephen Robson for our diocesan pilgrimage to Dunkeld and surrounding areas. We will have pickup/dropoff locations in both Perth and Dundee and travel by minibus around the diocese. Stops will include Dunkeld, Aberfeldy (where Mass will be held), Kenmore by Loch Tay, Lochearnhead and Crieff.

Please note lunch will not be provided and participants will be required to bring a packed lunch. **The cost of the day is £10 which will be used to cover travel expenses and also for participation in a tour of the Dunkeld Cathedral to explain its rich history and connection to our diocese.** Payment should be made to **Diocese of Dunkeld, Royal Bank of Scotland: Sort code 83-18-32, Account no. 00140054.**

Please complete the following form and return to Fr Samuel Alabi, MSP 24-28 Lawside Road, Dundee, DD3 6XY by **Monday 15th April 2019**. Permission slips can also be downloaded on our website www.dunkeldyouth.co.uk and sent to youth-office@dunkelldiocese.org.uk

Child's Name: _____ Child's D.O.B: _____

Parish: _____

Address: _____ Postcode: _____

Emergency Contact Names and relationship to child, e.g. Mrs Susan Smith (Mother):

1. _____ 2. _____

Telephone numbers: 1. _____ 2. _____

This child will be dropped off/collected by: _____

Please detail any allergies, dietary requirements, medical conditions and/or medication:

Is your child allergic to any medication, e.g. penicillin? Yes/No (delete as appropriate)

If YES please specify: _____

When did your child last have a tetanus injection? _____

Please describe the swimming ability of your child: _____

Do you consent to the use of your child's photograph for publicity purposes? Yes/No (delete as appropriate)

Adult group leaders involved have a Disclosure Scotland or PVG certificate in accordance with the requirements of the Roman Catholic Church in Scotland.

I confirm that my child has permission to attend the Diocesan Pilgrimage. In the event of an illness or accident every effort will be made by the event leader or their representative to contact me. If, for whatever reason, this is not possible I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed _____ Print _____ Date _____