



JOHN THE BAPTIST CATHOLIC PARISH

CONFIRMATION APPLICATION HEALTH & CONSENT FORM 2021

Classes: provided as Zoom recordings; possibility of some "in person" sessions subject to conditions.

Please PRINT clearly

Declaration to be signed by the candidate:

I would like to receive the Sacrament of Confirmation. I will participate fully in the preparation course and the online retreat to help me prepare for this Sacrament.

Signature of *CANDIDATE***:**

Candidates, on a separate sheet of paper please write about why you want to be Confirmed.

Child's full name:..... **Male (M) or Female (F)**

School: **Date of Birth:**.....

Parent(s) or Guardian contact details

Contact Number: **Email:**.....

MEDICAL INFORMATION

Known medical conditions:.....

Recent injections:.....

Date of last tetanus injection [WE NEED THIS!]:.....

Contact with contagious disease within last 3 months:.....

.....

Details of medication being taken (dosage and times):.....

.....

Details of ALL known allergies/phobias:.....

.....

Any other medical/physical situation:.....

Family Doctor name:..... **Telephone number:**.....

Address:.....

OTHER IMPORTANT INFORMATION YOU WISH THE PARISH TO KNOW

(Please continue on a separate sheet if necessary)

.....
CHURCH & DATE OF BAPTISM:.....

Copy of Baptism certificate attached (please tick)

Please note: If Baptised at St. John the Baptist this certificate is not required

EMERGENCY CONTACT INFORMATION

Full name of emergency contact:.....

Address:.....

Telephone number: **Email:**.....

Relationship to child:.....

Declaration to be signed by the Parent(s) or Guardian

- I/We give permission for the candidate to begin preparation for the Sacrament of Confirmation. I/We will encourage them to attend Mass and support their Catechists during Confirmation preparation.
- I understand my child may appear in group photos, these may be published on the parish website & social media account. To opt out please write to Fr Francis at the Presbytery.
- I agree to my child receiving medication as instructed by me to the Catechists.
- I agree to my child receiving such medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the helper leading the activity or any representative of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay occasioned in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.
- I understand that my child is responsible for the safe custody of his/her personal belongings and effects and that the Catechists cannot be held responsible for them.

Signed:..... **(Parent/Guardian)**

Name (please PRINT):.....

Date: / /

This form will be with the leader during the retreat and a copy will be retained in the parish

- APPLICATIONS WILL NOT BE ACCEPTED AFTER 11th APRIL 2021.
- You will receive an email confirming your child has been accepted by 18th APRIL 2021.
- Please enclose £30 Cash or Cheque made payable to "ST JOHN THE BAPTIST PARISH" to contribute towards books and any other costs incurred.