**WESTMINSTER DIOCESAN LOURDES PILGRIMAGE**

**PARENTAL CONSENT FORM**

*This form is to be completed by the parent or guardian of anyone travelling to Lourdes without said parent / guardian and who is under the age 18 years on the departure date of the Pilgrimage.*

|  |  |
| --- | --- |
| Pilgrimage Dates: |  |
| Method of Travel: |  |
| Hotel Name: |  |
| Group Travelling With: |  |

**Part 1 - Child’s Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child: |  | | | | |
| Address: |  | | | | |
|  | | | | |
|  | | | Postcode: | |
| Telephone Number: |  | | | | |
| Date of Birth: |  | | Sex: | | Male / Female |
| Vegetarian: | Yes / No | Allergies: | | | Yes / No  (If yes please list them in the box below). |
|  | | | | | |

**Medical Details:** *All pilgrims must complete a Westminster Diocesan Pilgrimage Medical Questionnaire prior to departure. Any changes to your child’s medical state must be notified to the medical team without delay.*

**Part 2 – Details of Parent or Guardian**

|  |  |
| --- | --- |
| Name of Parent / Guardian: |  |
| Address:  (If different from above) |  |
| Postcode: |  |
| Emergency Contact Number(s): |  |

**PTOPart 3** **– Responsible Adult**

*Details of person who is over the age of 25 and has agreed to act in Loco Parentis for the duration of the Pilgrimage. This would normally be the Group Leader, Parish Priest if travelling to Lourdes with the group, Teacher or another responsible adult known to the young person.*

|  |  |
| --- | --- |
| Name of Responsible Adult: |  |
| Address of Responsible Adult: |  |
| Signature of Responsible Adult: |  |

**Part 4 – Additional Information**

|  |
| --- |
| Please feel free to add any further information about your child, which will assist in the success of his / her pilgrimage. |
|  |

**Part 5 – Permissions**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Westminster Diocesan Pilgrimage to Lourdes.

I hereby authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (named in part 3 of this form) to act in *Loco Parentis* during the Pilgrimage.

Signature of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:**  
Katrina Lavery  
40 Tanglyn Ave

Shepperton

Middlesex

TW17 0AE

*In accordance with GDPR regulations, this document will be destroyed one year after the pilgrimage returns to the UK.*