

OUR LADY & ST. MICHAEL'S PARISH.
HEALTH FORM & PERMISSION SLIP – 1st HOLY COMMUNION COURSE 2025- 2026.

To be completed by parent/guardian and signed.

Child's Name **D.O.B.**

Address

.....

Date and Place of Baptism.....

(If not baptised please contact Fr. Matthew for the conditions of enrolment.)

PARENT/GUARDIAN'S CONTACT DETAILS

Name.....

Tel (daytime) (evening)

Address (if different from above).....

Mobile No. E-Mail.....

Secondary Contact details.

Name Tel No.....

Relationship to Child..... Mobile No.....

E-Mail.....

DOCTOR/GP Name..... Tel No.

Address

.....

Please list any medical conditions we need to be aware of (e.g. Asthma, diabetes, epilepsy, migraines, fits or faints, nervous disorders, any other illness or disability)

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Please list any allergies (e.g. to food or medication)

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Please list any regular medication that your child is receiving at present

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I (name of parent/guardian)

give permission for my child to attend all sessions of the 1st Holy Communion course,

In case emergency medical treatment is required and parental or guardian contact cannot be made due to unavailability or urgency, I give consent for medical treatment to be given

to

I also give consent for photographs to be taken of my child at the 1st Holy Communion mass.

Signed (parent/guardian) Dated.....

*This form will be retained by Our Lady's Parish for the duration of the 1st Holy Communion Course.
Your contact details given in this form will only be used by the Course Catechists and the Parish Priest and will not be shared and will be held securely in the parish office.*