



THE NATIONAL BOARD FOR
SAFEGUARDING CHILDREN
IN THE CATHOLIC CHURCH

FORM 7 (b)

Special Altar Server Application/Consent Form

CONGREGATIONAL/DIOCESAN CHURCH

(All information will be treated in confidence)

Name:

Date of Birth:

Address:

Parent/Guardian Name:

Parent/Guardian - Telephone Contact Number:

Parent/Guardian - Mobile Contact Number:

Other Emergency Details - Name

Home Telephone Number:

Mobile Telephone:

Does your child suffer from any medical condition, disability or allergy? Yes ☐ No ☐

Please give details below (If necessary please attach note). All medical information will be treated in confidence.

CONSENT

I give consent for my child

to be trained and participate as an altar server in the parish/church of

Signed:

Date:



FORM 7 (b)

Special Altar Server Application/Consent Form *(Cont.)*

PERMISSION FOR MEDICAL CARE

In the event of my child being taken ill or injured during his/her time serving at Mass, if any surgical operation or injection becomes urgently necessary, I hereby authorise the leader in charge to sign on my behalf any written forms or consent required, provided that the delay necessitated to obtain my signature or parents signature might endanger or worsen my child's health or safety.

Signed:

Date:

SPECIAL ALTAR SERVER CONSENT FORM

I

parent/guardian of

give permission to his/her class teacher to excuse him/her from class to serve Mass in

Church, on

(Day/Date).

Please tick and complete one of the following:

☐ My child will be collected by

or

☐ I give permission for my child to make his/her own way to the church.

Signed:

Date:

Contact Details of Parent
