



HAMPSHIRE DOWNS CATHOLIC PARISH - "RECEIVE THE GIFT" CONFIRMATION PREPARATION 2012

Confidential general and medical questionnaire / parental consents

Basic details			
Name of Candidate :		Chosen Confirmation name	
Date of Birth :		Sponsor's name	
Primary school:	Secondary school :	Sixth form college:	
Contact			
Email:		Mobile:	
Address :			
Postcode:			
Parents' names:			
Parents' email:			
Parents' telephone	Home:	Work:	Mobile:
You and church			
Baptismal parish & address:			
Which mass do you normally attend?			
What ministries are you	engaged in?	interested in?	details
server	<input type="checkbox"/>	<input type="checkbox"/>	
reader	<input type="checkbox"/>	<input type="checkbox"/>	
cantor	<input type="checkbox"/>	<input type="checkbox"/>	
welcoming	<input type="checkbox"/>	<input type="checkbox"/>	
musician	<input type="checkbox"/>	<input type="checkbox"/>	
community service	<input type="checkbox"/>	<input type="checkbox"/>	
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Administration			
Baptismal certificate seen by catechist (name)			

Confidential Medical Questionnaire & Photography Consent

Name		
Name and address of doctor :		
Telephone No :	NHS No :	
Has the candidate had any of the following? (please circle):		
Asthma or bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any medication	YES	NO
Any other allergies eg food, plasters, material	YES	NO
Other illness or disability	YES	NO
Travel sickness	YES	NO
Regular medication	YES	NO
If the answer to any of these questions is Yes, please give details :		
If considered necessary, do you agree to mild painkillers (eg paracetamol) being administered?		
	YES	NO
Has the candidate received vaccination against Tetanus in the last 10 years?		
	YES	NO
Is the candidate receiving medical or surgical treatment of any kind from either your family doctor or hospital?		
	YES	NO
Has the candidate been given specific medical advice to follow in emergencies?		
	YES	NO
If the answer to either of the last two questions is "Yes", please give details here		
In the event of any illness or medical treatment occurring after returning of this form or prior to the activity, I undertake to inform the party leader.		
If there are any dietary requirements please give details below:		
Signed : (parent or legal guardian)		Date :

Photography consent

I give do/do not (please circle) permission for my son's/daughter's photograph to be taken and shown in the Churches, Portsmouth People and other Parish or Diocesan publications or websites	
Signed : (parent or legal guardian)	Date :