



Confidential

Altar Servers Application

Medical Information

Medical Information

Please give details of any medical conditions of which we would need to be aware. Examples include asthma, allergies, epilepsy etc. Please ensure that your child has any necessary medication and knows how to take it.

Any other relevant information

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: _____

Please post or hand into the Parish Secretary, or Sacristan, Parish Office or Sacristy, St. Peter's Church, Phibsborough

This form will be held on file in accordance with the data protection policy of The Congregation of the Mission. The data entered will be used only for the purposes indicated on the form. It may be accessed only by the Parish Priest, Parish Secretary, Safeguarding Parish Representatives and the Diocesan Safeguarding Co-ordinator



Altar Servers

St. Peter's Church



St. Peter's Church

Altar Servers Application Server's Agreement

Personal Details

Name: _____
School _____ Class you are presently in _____
Mobile*: _____ Email* _____

**Parents Mobile/Email in the case of a minor. If over 15, servers' own contact options with parent's consent*

Request Letter

Dear Fr Aidan,

I would like be an Altar Server at 11.30 Mass on Sundays at St. Peter's Church. My parents and I have carefully read the important information on this application.

I have discussed with them the commitment and responsibility involved as an Altar Server and can be depended upon to serve faithfully at the Altar of Jesus.

I will take this great privilege seriously

Signed _____
(APPLICANT signature) (PARENT/GUARDIAN signature)

Date: _____



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Altar Servers Application Parental Consent Form (for under 18's only)

Server's Name: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone Number: _____ Date of Birth: _____

Parent/Guardian's Email: _____ Mobile No: _____

Has your child been baptised? Yes No

Has your child celebrated First Holy Communion Yes No

Does your child have permission to walk home alone from church? Yes No

Does your child (*applies to those 15 and over*) have permission to receive text, email or phone messages regarding events from group leaders? Yes No

Consent

I give consent for my child _____

to be trained and participate as an altar server at St. Peter's Church, Phibsborough

Signed: _____

Date: _____