

## CHILD AND GUARDIAN JOINT CONSENT

**Data Protection:** This form will be held on file, in accordance with the data protection policy of the Diocese of Ardagh & Clonmacnois. The data entered will be used only for the purpose indicated on the form. It may only be accessed by those with responsibility for managing records or group activities.

### Group details (to be completed by organiser)

**Name of Group:**

**Duration/frequency of activity:**

**Name of Organiser:**

### Details of the child/young person

**Name of young person:**

**Address:**

**Date of birth:**

**Gender:** (circle as appropriate) **Male** **Female**

Contact information of young person (for emergency use only): \_\_\_\_\_

\_\_\_\_\_

**Other relevant information** (Please mention any medical conditions, special needs or dietary requirements).

Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies & procedures.

**Guardian contact details:**

**Name:**

**Daytime Phone No.**

**Mobile No.(s):**

**Home Phone No.  
Email:**

**In cases of a medical emergency**

In the event of illness or an accident, I give permission for medical treatment to be administered to my child, where considered necessary, by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency I can be contacted at the telephone numbers provided above.

**Signed:** \_\_\_\_\_  
(Guardian)

**Child's/Young Person's Consent**

I \_\_\_\_\_ (insert full name) would like to take part in the activity listed on the previous page.

(If relevant please tick the boxes below)

- I understand that photographs may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the parish
- I understand that videos (which may include webcam) may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the parish.
- I understand that during group activities I will be appropriately supervised at all times and I agree to abide by the group's Code of Behaviour.

**Guardian's consent**

I agree to allow the above-named child/young person to attend this activity in accordance with the permission granted by \_\_\_\_\_ (insert name of young person) above. I understand that there will be suitable supervision and an agreed Code of Behaviour while the children/young people are in the care of the organisers.

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
(Guardian) (Child/Young Person)

Relationship to Child/Young person \_\_\_\_\_