

Child and Guardian Joint Consent

(Please complete for each child/young person
and let us know if there are any significant changes)

Group details (to be completed by the organiser)

Name of group (e.g. Children's Liturgy)

Duration/frequency of activity from

(start date/time)

(end date/time)

Name of organiser

Details of child/young person

Name of child/young person

Name by which he/she is usually known by

Address

Date of birth

Other relevant information

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity

Please note: The organisers cannot administer any 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 the relevant Policies and Procedures.

Parent/Guardian contact details

Name

Telephone No

Mobile

Landline

Relationship to child

Additional responsible adult *(in case of emergency)*

Name

Telephone No

Mobile

Landline

Relationship to child

In case of 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 on the previous page.

Signature _____

Children/Young Persons Consent Section

I _____ (insert full name) would like to take part in the event 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/do not give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Parish or Diocese

☐

I understand that videos (which may include webcam) may be taken during the group activities, and I give/do not give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Parish or Diocese.

☐

I understand that during group activities I will be appropriately supervised at all times and will agree to abide by the group's code of behaviour.

Signature _____

Guardian/Parental consent

I agree to allow the above-named child/young person to attend meeting(s) of the _____

_____ (insert name of group), at the time and dates

stipulated on page one in accordance with the permission granted by _____

_____ (insert name of child/young person) above

I understand that there will be suitable supervision and an agreed code of behaviour whilst the children/young people are in the care of the organisers.

If you do not wish photographs/video (which may include webcam) to be taken of your child/young person, please tick this box ☐

Signed (Parent/Guardian): _____

Name (block letters): _____

Relationship to child/young person: _____

Signed (Child/Young Person): _____

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office, which can be found at <http://www.downandconnorsafeguarding.com/privacy-notice/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.