

ACTIVITY PERMISSION FORM FOR PERSONS UNDER 18 YEARS OF AGE

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PARISH:

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PARISH DESIGNATED PERSON:

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ACTIVITY:

DATE/TIME:

DURATION:

GROUP LEADER:

NAME OF YOUNG PERSON:

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DATE OF BIRTH:

ADDRESS:

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CONTACT DETAILS OF PARENT/GUARDIAN:

NAME :

TELEPHONE NUMBER(S) FOR THE DURATION OF THE PROGRAMME:

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MEDICAL INFORMATION:

Please give details of ANY medical condition of which the leaders ought to be aware, e.g. asthma, allergies etc.

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MY CHILD **DOES** **DOES NOT** HAVE PERMISSION TO WALK HOME ALONE ON RETURN

Having read all the information provided on this page concerning the above activity, I hereby give permission for my son/daughter/ward to participate in the above activity. I also give permission for group leaders to make any necessary emergency decisions during this activity.

SIGNED:

.....

(Parent/Guardian)

DATE:

INFORMATION

'SAFEGUARDING CHILDREN'

DIOCESAN DESIGNATED PERSON (DELEGATE):-

MONSIGNOR JOHN MCDONALD PP

HE CAN BE CONTACTED AT THE CURRAGH, CO. KILDARE 045-441369

Any concerns regarding the safeguarding of children taking part in this activity should be brought immediately to the notice of the 'Designated Person' listed by the Parish for this activity.

All those participating in Parish activities are expected to abide by the Code of Behaviour for the activity, and to accept instructions from leaders, otherwise they may be excluded from activities.

Please ensure that your child has any medication he or she might require and knows how to take it. All medical information provided will be treated in confidence.

Parents are reminded to drop off and collect children and young people promptly from all activities. Only those with signed permission will be allowed to leave unaccompanied.

The Diocese of Kildare & Leighlin only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the Diocese, its servants or agents.