



ACTIVITY PERMISSION FORM FOR PERSONS UNDER 18 YEARS OF AGE

WORLD YOUTH DAY KRAKOW 2016 Page 1 of 1

PARISH:

PARISH SAFEGUARDING REPRESENTATIVE:

ACTIVITY:

DATE/TIME:

DURATION:

GROUP LEADER:

NAME OF YOUNG PERSON:

DATE OF BIRTH:

ADDRESS:

CONTACT DETAILS OF PARENT/GUARDIAN:

NAME :

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

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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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'
DESIGNATED LIASION
PERSON (DLP):-
MS JOAN TREACY
She can be contacted
c/o Bishops House,
Old Dublin Road, Carlow
Tel: **085 8021633**
Email: joantreacy@kandle.ie

Any concerns regarding the welfare and safety of the children taking part in this activity should be brought immediately to the notice of the 'Parish Safeguarding Representative' listed here.

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.