

Child and Guardian Joint Consent Form

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Data protection

This form will be held on file, in accordance with the data protection policy of the Diocese of Kildare and Leighlin. 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

Kildare & Leighlin Diocese

Name of Group/Activity: **Kildare & Leighlin Youth Volunteers Lourdes**

Location of the Activity: **Lourdes, France**

Duration/frequency of Activity (Start date to End date): **16th – 21st July 2018**

Name of Group Leader: **Fr. David Vard & Cathriona Kelly**

Child/Young Person Details

Name: _____

Address: _____

Parish: _____

Date of birth: _____

Gender: **Male** **Female**

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 and procedures)

Parent/Guardian contact details

Name: _____ Mobile number: _____

Daytime phone number: _____ Home phone no. _____

Emergency contact person/number in case of emergency: _____

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Child's/young person's consent

1. I would like to take part in the event listed above.
2. 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 group.
3. 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 group.
4. I understand that during group activities I will be appropriately supervised at all times.
5. I accept and agree to abide by the Code of Behaviour at all times.

Signed: _____

(Child/young person)

Parent/Guardian's consent

1. I have read and explained the details on the form to the above named child/young person and I agree to allow him/her to attend the above activity/meeting for the duration of the programme and during the times stated above.
2. I understand that there will be suitable supervision while the children/young people are in the care of the organisers.
3. Does your child have permission to walk home alone after the activity? Yes / No: (Delete as appropriate).
4. 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 we/I can be contacted at the telephone numbers provided on the previous page:
5. I have read, understand and agree to the information/details in this form.

Signed: _____ Name (block letters) _____

(Parent/Guardian)

(Parent/Guardian)

Relationship to child/young person: _____

Any concern regarding the welfare and safety of the children/young people taking part in this activity should be brought immediately to the attention of the Diocesan Designated Liaison Officer at 0858021633 or dlp@safeguarding.ie