

Child and Guardian Joint Consent



Group Details *(to be completed by Organiser)*

Name of Group: _____

Name of Organiser: _____

Duration/frequency of Activity: _____

Details of the Child/Young Person

Date of Birth: _____

Name of young person _____

Address _____

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 and procedures.

Guardian Contact Details

Name _____

Daytime Phone Number: _____ Home Phone Number: _____

Mobile Number: _____ Back up Mobile Number: _____

Email Address: _____

Data Privacy Notice

The Privacy Policy of the Diocese of Limerick can be found at:

<https://www.limerickdiocese.org/policies/privacy-policy/>

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 on the this form:

Signed: _____

Child's/Young Person's Consent

I _____ (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 my permission for these to be used in any hard copy/online and/or parish publications, including social media sites *(delete as appropriate)* by the Diocese of Limerick.
- ☐ 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 and/or parish publications including social media sites *(delete as appropriate)* by the Diocese of Limerick.
- ☐ I understand that during group activities I will be appropriately supervised at all times.

Guardian's Consent

I agree photographs and or videos of my child being taken during group activities and for those photos/videos being published in any hard copy/online and/or parish publications, including social media sites *(delete as appropriate)* by the Diocese of Limerick. (please tick box) ☐

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

(insert Group name)

On: _____
(insert date)

From: _____
(insert time)

To: _____
(insert time)

in accordance with the permission granted by: _____
(insert name of child/young person)

I understand that there will be appropriate supervision while the children/young people are in the care of the Organisers.

Signed: _____
(Block Letters) (Guardian)

(Guardian)

Relationship to Child/Young Person: _____

Signed: _____
(Child/Young Person)

Dated: _____