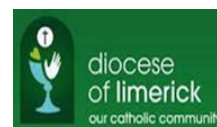


Child and Guardian Joint Consent

(NBSCCCI 1.4A T3)



Data protection

This form will be held on file, in accordance with the data protection policy of the Diocese of Limerick. 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 (to be completed by organiser)

Name of group _____

Duration/frequency of activity _

Name of organiser _____

Details of the child/young person

Name of young person _____

Address _____

Date of birth _____

Gender(circle as appropriate) **Male** **Female**

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 Code _____ Local no. _____

Home phone number Code _____ Local no. _____

Mobile number: _____

Email: _____

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 previous page:

Signed: _____

Child's/young person's consent

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 my permission for these to be used in any hard copy/online (*delete as appropriate*) publications 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 (*delete as appropriate*) publications by the Diocese of Limerick.
- I understand that during group activities I will be appropriately supervised at all times.

Guardian's consent

I agree to allow the above-named child/young person to attend this meeting on the

_____ from _____ until _____
(insert date) (insert start time) (insert end time)

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

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

Signed _____ Name (block letters) _____
(Guardian) (Guardian)

Relationship to child/young person _____

Signed _____
(Child/young person)