

Child / Guardian Consent

Form 2



Safeguarding
CHILDREN
Killaloe

Data protection: This form will be held on file in accordance with the Data Protection Policy of Killaloe Diocese. The data entered will be used only for the purpose indicated on the form. It may be accessed only by those with responsibility for managing records or group activities.

Details about the group (to be completed by the organiser)

Name of Group: _____

Duration / Frequency of activity: _____

Name of Organiser: _____

Details of the child / young person

Name of Child / Young Person: _____

Address: _____

Date of Birth: _____ **Gender** (circle as appropriate): **Male** **Female**

Contact information of child / 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.

Details: _____

Guardian contact details

Name of Guardian: _____

Daytime Phone Number: _____ **Area Code:** _____ **Local No.** _____

Home Phone Number: _____ **Area Code:** _____ **Local No.** _____

Mobile Number: _____

Email: _____

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In cases of a Medical Emergency

In the event of illness or 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 _____ would like to take part in the event listed above.
(Insert first name and surname)

[If relevant please tick the boxes below]

- I understand that during the group activities photographs may be taken and I give my permission for these to be used in any hard copy/ online (delete as appropriate) publications by the:

(Insert name of the diocese, religious order or Church body)

- I understand that during the group activities videos (which may include webcam) may be taken and I give my permission for these to be used in any hard copy/ online (delete as appropriate) publications by the:

(Insert name of the diocese, religious order or Church body)

- I understand that at the group activities I will be appropriately supervised at all times.

Parent's / Guardian's Consent

I agree to allow the child/young person named above to attend this meeting on the (insert date) _____, from (insert start time) _____ until (insert end time) _____, in accordance with the permission granted by _____ (insert name of child/young person) above.

I understand that there will be suitable supervision while the children / young people are in the care of the organisers. I also understand it is my responsibility to make suitable transport arrangements to and from this activity.

Signed: _____ **Name** (block letters): _____
(Parent/Guardian) (Parent/Guardian)

Relationship to Child / Young Person: _____

Signed: _____
(Child/ Young Person)