

# Residential Consent & Code of Behaviour

## Form 14



Safeguarding  
**CHILDREN**  
Killaloe

The Diocese of Killaloe values and encourages the participation of children / young people in the life of the Church and is committed to best practice, which protects children / young people from harm and abuse. As staff, volunteers, clergy and religious in this Diocese, we accept and recognise our responsibilities to develop an awareness of the issues which cause children / young people harm. If you have concerns about any church activity please contact the Diocesan Director for Safeguarding or Diocesan Designated Liaison Person's. For more information please visit our website [www.killaloe-diocese.ie](http://www.killaloe-diocese.ie).

<b>Activity / Project /Event Information</b>		<b>Church Organisation / Parish</b>	
<b>Location / Venue</b>		<b>Date / Time</b>	
<b>Leaders / Volunteers in charge</b>	1.	2.	
	3.	4.	

### Details of Child / Young Person

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel. Mobile:** \_\_\_\_\_  
 \_\_\_\_\_ **Tel. Land:** \_\_\_\_\_

### Contact Details of Parent / Guardian

**Name:** \_\_\_\_\_ **Tel. Mobile** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel. Land:** \_\_\_\_\_  
 \_\_\_\_\_

Please provide the name and number of a second adult whom we can contact if necessary:

**Name:** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

### Give details of any medical condition

Please include details of any medication which has to be taken or any dietary requirements. Please ensure that your child has any medication he or she might require and knows how to take it. This information will be treated with confidence.

**Details:**

Name and contact No. of Family GP: **Name:** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

**In the event of an emergency** I authorise the administration of any medication which has been prescribed by a medical professional.

**Signed:** (Parent / Guardian) \_\_\_\_\_

<b>Passport Number</b>		<b>EHIC Number</b>	
<b>Passport Expiry date</b>		<b>EHIC Expiry Date</b>	
<b>Other Relevant Information</b>			

I have read all the information provided concerning the programme of the above activity and hereby give permission for my son/daughter to participate in the above activity.

**Signed:** (Parent / Guardian) \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Code of Behaviour:** Children and Young People should treat each other, their leaders and their surroundings with care and respect. Bullying will not be tolerated and should be reported to the leader in charge. Parents/Guardians will need to co-sign along with their son/daughter a Code of Behaviour for trips away from home or residential events. Please ensure that your child is made aware of the Code of Behaviour.

### Code of Behaviour for Residential Events and Activities

- The taking of unauthorised drugs or alcohol in the course of this activity is absolutely forbidden.
- At all times only females are allowed in the female sleeping areas and only males are allowed in the male sleeping areas, under no circumstances are participants to entertain members of the opposite sex in their room, or be entertained in any other room by another individual.
- No-one has permission to be outside the venue after curfew except in the company of the appointed Leaders. After curfew everyone is obliged to be in bed in their own room.
- Participants are to try to keep to the timetable to facilitate the achievement of the objectives of the event. They will participate actively, fully and in cheerful spirits in the entire programme of events as arranged.
- Each participant will try their best to make the experience a success for all.
- To ensure that we can properly look after the young people who travel with us, parents or participants (over 18 yrs) are obliged to inform us if they or their child suffer from any physical or emotional ailment which may affect them during the event. (All information received will be treated with the strictest confidence).
- Responsibility for all personal effects / valuables rests solely with each individual participant.
- Participants are forbidden from getting tattoos or piercings while on the trip.
- Participants are forbidden from purchasing any of the following: fireworks, knives, swords etc. or anything that may be deemed a risk by Airport Security.
- While every effort will be made to facilitate the requests of participants to share a room with people of their choice, this aim may not always be attainable. In these situations we ask that participants accept the accommodation assigned to them.
- Each person treats everybody with courtesy and respect.

**Bullying will not be tolerated and the Diocese of Killaloe has a very strict anti-bullying policy. If you are being bullied or are aware of any bullying (e.g. deliberate exclusion / offensive behaviour /ridiculing) taking place you must inform a Leader or the Director of Safeguarding without delay.**

"I give consent for my child to participate in this event. I have read the code of behaviour and conditions for travel. If my child infringes any of the above rules I accept responsibility for the consequences that may follow. I accept that the leaders are responsible for my child only as long as he/she complies with this code of behaviour".

**Signed:** (Parent / Guardian) \_\_\_\_\_ **Date:** \_\_\_\_\_

(if participant is under the age of 18)

"I understand and accept the above conditions and wish to travel in this group".

**Signed:** (Participant) \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Photography

From time to time we may use photographs of children / young people in promotional material and on our website. If you would prefer us not to use photographs of your child please advise us of this decision.

#### Office Use Only

Form received by

Date