

Child and Parent/Guardian Joint Consent to participate in Church Activity



Group details

(to be completed by organiser)

Name of group: _____

Type of activity: _____

Duration/frequency of activity: _____

Start date/time: _____ End date/time: _____

Person in Charge/Name of organiser: _____

Details of the child/young person

Name of child: _____

Address: _____

Date of birth: _____

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

Other relevant information

Please mention any medical conditions, additional needs, dietary requirements or collection arrangements.

Note: 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: _____

MobileNumber: _____ Email: _____

Contact information for emergency use (only if different from above information):

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 above.

Signed: _____

Child's/Young Person's Consent

I _____ (insert full name) would like to take part in the event/activity listed.

(If you agree please tick the boxes below, there is no obligation to tick the first 2 boxes)

- I give my permission for my photograph to be taken during group activities and these to be used in any hard copy/online (delete as appropriate) by the Carmelite Order.
- I give my permission for my image to be videoed (including webcam) during group activities and these to be used in any hard copy/online (delete as appropriate) by the Carmelite Order.
- I understand that during group activities I will agree to abide by the group's code of behaviour.
- I understand that adult leaders also need to abide by a code of behaviour and I am entitled to be safe while attending this activity.

Parent/Guardian's consent

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

_____ (name of activity/meeting),

at the times and date/s stipulated above.

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

Signed: _____ **Date:** _____

Name (block letters): _____

Data protection

This form will be held on file, in accordance with the data protection policy of the Carmelite Province of Ireland. 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.