

## S4.11 Child and Guardian Joint Consent

**Data Protection** *This form will be held on file in accordance with the data protection policy of the Diocese of Meath. The data entered will be used only for the purposes indicated on the form. It may be accessed only by those with responsibility for managing files*

### Group details (to be completed by organiser)

Name of group \_\_\_\_\_

Duration/frequency of activity \_\_\_\_\_

Name of organiser \_\_\_\_\_

### Details of the child

Name of child \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

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

Contact information of child (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 without specific written consent from the parents. 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 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\_\_\_\_\_(insert name of Church body).
- 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 \_\_\_\_\_(insert name of Church body).
- 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 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)

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

Signed \_\_\_\_\_ Name (block letters) \_\_\_\_\_

(Guardian)

(Guardian)

Relationship to child \_\_\_\_\_

Signed \_\_\_\_\_

(Child)

