CHILD AND PARENTAL/GUARDIAN JOINT CONSENT FORM

SG-04

CONFIDENTIAL

Group details

Name of Parish _____

Name of Group/Type of Activity (e.g. Altar Serving, Choir, etc.) _____

_____

Name of organiser _____

Details of the child/young person

Name of young person _____

Address _____

_____

Date of birth _____

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

Other relevant information

Please mention any relevant medical conditions, allegeries, 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.)

_____

_____

Parent/Guardian contact details

Name _____

Home phone number Code _____ Local no. _____

Mobile number _____

Email _____

Media Consent for Authorised Photographs or Videos

(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 official publications by the parish/diocese for the promotion of the activity.

☐ 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 official publications by the parish/diocese for the promotion of the activity.

Signed (Parent/Guardian) _____ Date _____

Signed (Child) _____ Date _____

Parent's/Guardian's consent

I consent to the above-named child's/young person's involvement in the activity outlined above. I understand that their involvement will require compliance with diocesan safeguarding policy and procedures and that there will be suitable supervision while he/she is in the care of the organisers.

Signed _____ Date _____

Name (block letters) _____

Relationship to child/young person _____

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 activity/event listed on the previous page. I understand that being a reliable member of this group is important and I accept that I must follow the rules of the group as have being explained to me by the group leader/group coordinator.

Signed _____

Note 1: Schools must receive separate permission from parents/guardian to allow children to serve mass during school time.

Note 2: Data Protection - 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.