St John's Pastoral Centre John's Hill Waterford X91 HW9D

Tel: 051-874199

Email: safeguarding@waterfordlismore.ie



			Child and Parent / Guardian Joint Consent Form	
1.0 Name of a		ETAILS (TO B	SE COMPLETED BY ORGANISER)	
Duration/	frequency of	activity from (	(start date/time):	
To (end d	ate/time):			
Name of 0	Organiser:			
Details of	the child/yo	ung person:		
Name of v	oung person	(BLOCK CAPITA	ALS):	
Address:	0 1			
Date of bi	rth:			
Gender:			□ Female	
2.0	OTHER RELEVANT INFORMATION: (Please mention any medical conditions, special needs or dietary requirements)			
medicatio	n or intimate	care, please d	annot administer any medication. Should your child require liscuss this with the organisers who will work with you to established, according to relevant policies and procedures.	
3.0	PARENT	/ GUARDIAN	N CONTACT DETAILS	
Name (BL	OCK CAPITALS)	:		
Daytime p	hone numbe	r:		
Home pho	one number:			
Mobile:				
Email:				
Relationsl	nip to child/yo	oung person:		
Contact ir	nformation fo	r emergency ι	use only (if different from the information given above)	
	ent of illness o	r an accident,	AL EMERGENCY  I give permission for medical treatment to be administered to ry, by a suitably qualified medical practitioner and/or hospital. I	
	•		made to contact me as soon as possible. In an emergency I can pers provided on the previous page:	
Signed:			Date:	

5.0	CHILD'S CONSENT	
I (insert full nam	ne)	would
like to take par	rt in the group / activity listed on the previous page.	
(Please tick the	e relevant boxes below)	
for these t	nd that photographs may be taken during the group activities, and I g to be used in any hard copy / soft copy / online and social media place) by the (insert name Church Body)	atforms (delete as
	cand that any videos (which may include webcam) may be taken and I give my permission for these to be used in any hard copy / soft edia platforms (delete as appropriate) by the (insert na	copy / online and
	and that during group activities I will be appropriately supervised at bide by the group's code of conduct.	all times and will
6.0 PA	ARENT / GUARDIAN'S CONSENT	
accordance withat there will	allow the above-named child/young person to attend me (insert name of group), at the times and dates stipulate th the permission granted by (insert name of child/young person) ab be suitable supervision and an agreed code of behaviour while the care of the organisers.	ed in section 2.0 in pove. I understand
Signed:	(Pi	arent / Guardian)
Print Name:		
Signed:	(Ch	nild / Young Person)
Date:		

**Data Protection** - The information in this form will be used to facilitate you/your child's participation in the activity outlined above. The information will be stored confidentially and will only be shared outside the parish/group where there is a legal obligation on the parish/group to do so. The information will be retained for as long as necessary in compliance with Safeguarding laws and policies. Certain photographs and videos may be retained indefinitely for archiving purposes. Your/Your child's data will be processed under Articles 6(1) (a), 6(1) (c), 6(1) (d), 6(1) (f), 9(2) (a), 9(2) (c) and 9(2) (d) of the General Data Protection Regulation, 2016. By signing this form, you consent you your/your child's data being used in this way. This form should only be used if the event/activity has the prior approval of either the Diocese or the local parish within the Diocese.