St John's Pastoral Centre John's Hill Waterford X91 HW9D Tel: 051-874199

Email: safeguarding@waterfordlismore.ie



FORM 1.9A (1) - Media Permission

Child's / young person's consent

I, would like	e to take part in	
on (date or		
(If relevant please tick the boxes below)		
☐ I understand that photographs may be taken to be used in any hard copy/online (delete as ap ☐ I understand that videos may be taken durin used in any hard copy/online (delete as appropria ☐ I understand that updates may be posted on during the event, and I give my permission for nused.	opropriate) publicating the event, and I gister is a publications by the Church body w	ons by the Church body. ive my permission for these to be the Church body. ebsite and/or social network sites
Parent's/Guardian's consent		
I agree to allow the above-named child/young po	erson to attend this	event
during the period		(insert start date and time)
to		(insert end date and time)
in accordance with the permission granted by _		(child/young person).
Signed:	Print Name:	
(Parent/Guardian)		
Date:	_	
Relationship to child/young person:		
Signed:		
(Child/young person)		
Date:	_	

Data Protection - this form will be held on file, in accordance with the data protection policy of the Diocese of Waterford & Lismore. 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. 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.