

## 1.4A (4) – Child (Young Person) and Parent / Guardian Joint Consent Form

### 1.0 GROUP DETAILS (TO BE COMPLETED BY ORGANISER)

Name of group / specific youth ministry activity: \_\_\_\_\_

Duration/frequency of activity from (start date/time): \_\_\_\_\_

To (end date/time): \_\_\_\_\_

Phone number used for ministry/event: \_\_\_\_\_

Email address used for ministry/event: \_\_\_\_\_

Digital and social media platforms used by this ministry or event (list all that apply if applicable):

\_\_\_\_\_

#### Details of the child/young person:

Name of young person (*BLOCK CAPITALS*): \_\_\_\_\_

Address: \_\_\_\_\_

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

Gender: ☐ Male ☐ Female

### 2.0 OTHER RELEVANT INFORMATION:

*(Please mention any medical conditions, 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.

### 3.0 PARENT / GUARDIAN CONTACT DETAILS

Name (*BLOCK CAPITALS*): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child/young person: \_\_\_\_\_

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

\_\_\_\_\_

*Please provide the name and number of another person to be contacted if you are unavailable (in case of emergency):*

\_\_\_\_\_

**Contacting your child about youth ministry events / updates: (Please tick all relevant boxes)**

Contact with the above-named child is permissible via the following methods (tick all that apply). Please be aware of the fact that when using WhatsApp, the number and image will be visible by all other group members):

- ☐ Text message to this number: \_\_\_\_\_
- ☐ WhatsApp message to this number: \_\_\_\_\_
- ☐ Email to this address: \_\_\_\_\_
- ☐ The digital and social media platforms used by this ministry (listed on previous page)

**4.0 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: \_\_\_\_\_ Date: \_\_\_\_\_

**5.0 CHILD'S / YOUNG PERSON'S CONSENT**

I (insert full name) \_\_\_\_\_ would like to take part in the group / activity listed on the previous page.

**(Please tick the relevant boxes below)**

- ☐ I understand that photographs and/or 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 / soft copy / online and social media platforms (delete as appropriate) by the (insert name of Parish / Diocesan Youth Ministry) \_\_\_\_\_. I understand that any videos or photographs of me that are published on social media platforms will be governed by the social media platform's privacy policy and can be seen by the wider public on these forums.
- ☐ I understand that during group activities I will be appropriately supervised at all times and will agree to abide by the group's code of conduct.
- ☐ I agree to follow the Safeguarding Policy of the Diocese of Waterford & Lismore which includes the Digital, Social Media and Online Communication with Children & Young People Policy & Procedures available on [www.waterfordlismore.ie/safeguarding-children/](http://www.waterfordlismore.ie/safeguarding-children/).

**6.0 PARENT / GUARDIAN'S CONSENT**

I agree to allow \_\_\_\_\_ (insert name of child/young person) to attend meeting(s) of the (insert name of Parish / Diocesan Youth Ministry) \_\_\_\_\_.

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

Signed: \_\_\_\_\_ (Parent / Guardian)  
Signed: \_\_\_\_\_ (Child / 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.