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 to take pa	art in
	(date of event).	
(If relevant n	elease tick the boxes below)	
	and that photographs may be taken during the	e event, and I give my permission for these
	sed in any hard copy/online (delete as appropr	• • •
	and that videos may be taken during the even any hard copy/online (delete as appropriate) p	• • •
	and that updates may be posted on the Church the event, and I give my permission for my im sed.	•
Parent's/0	Guardian's consent	
I agree to all	ow the above-named child/young person to at	tend this event
during the period		
to		(insert end date and time)
in accordanc	e with the permission granted by	(child/young person).
Signed:		
	(Parent/Guardian)	
Data		
Date:		
Print Name:		
Relationship	to child/young person:	
Signed:		
-	ld/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.