



**Data Protection**

This form will be held on file in accordance with the data protection policy of the Augustinian Order in Ireland (see <https://augustinians.ie/gdpr/> for full policy). The data entered will be used only for the purpose indicated on this form. It may be accessed by those with local responsibility for managing records or group activities.

**Group Details** (To be completed by Ministry Co-ordinator or Group Leader)

Name of Ministry/Group: \_\_\_\_\_

Duration/Frequency of activity: \_\_\_\_\_

Start Date/Time: \_\_\_\_\_ Finish Date/Time: \_\_\_\_\_

Drop-off / Collection Arrangements: \_\_\_\_\_

Co-ordinator/Leader: \_\_\_\_\_

Contact Details: \_\_\_\_\_

**Details of Child/Young Person**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Other Relevant Information**

Please mention any medical conditions, special needs and/or dietary requirements on the understanding that volunteer leaders cannot administer medication. However, should your child require such assistance and/or intimate care you are requested to discuss this with the Ministry Co-ordinator or Group Leader to explore how your child can be accommodated, if at all, according to relevant policies and procedures.

**Parent/Guardian Contact Details**

Name: \_\_\_\_\_

Daytime Phone & Mobile Numbers: \_\_\_\_\_

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



**In Case of 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 number provided overleaf. Should I not be available please contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Child/Young Person's Consent (Age Appropriate)**

I \_\_\_\_\_ would like to take part in the group/activity listed overleaf on the following basis (tick ✓ or place X in boxes as appropriate):

I understand that I will be appropriately supervised at all times and agree to abide by the group's Code of Conduct .

I understand that photographs  and/or videos (which may include webcam)  may be taken during the group activities and I give/do not give my permission (delete as appropriate) for these to be used in any hard copy  and/or online  (delete as appropriate) Augustinian publications.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

(Child/Young Person – Age Appropriate)

**Parent/Guardian's Consent**

I agree to allow the above name child/young person to attend the \_\_\_\_\_  
 \_\_\_\_\_ (insert name of Group/Activity), at the times and dates specified overleaf.

I understand that appropriate supervision will be provided at all times and that each child/young person will be expected to abide by a Code of Conduct while in the care of the Group/Activity Leaders.

Parent/Guardian's Name (Block Capitals): \_\_\_\_\_

Relationship to Child/Young Person: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_