Child and Guardian Joint Consent Form

Data protection

This form will be held on file, in accordance with the data protection policy of the Augustinian Order. 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.

Group details (*to be completed by organiser*)

Church: _____

Name of Group/Activity: _____

Location of the Activity: _____

Duration/frequency of Activity (Start date to End date): _____

Time of Activity (Start time – End time): _____

Parents/Guardians are reminded to drop off and collect children and young people promptly from all activities.

Name of Group Leader: _____

Child/Young Person Details

Name: _____

Address: _____

_____

Date of birth: _____

Gender: - **Male** **Female**

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)

Parent/Guardian contact details

Name: _____ Mobile number: _____

Daytime phone number: _____ Home phone no. _____

Emergency contact person/number in case of emergency: _____

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Child's/young person's consent

1. I would like to take part in the event listed above.
2. I understand that photographs may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the group.
3. I understand that 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/online (delete as appropriate) publications by the group.
4. I understand that during group activities, there will be appropriate supervision at all times.
5. I accept and agree to always abide by the Code of Behaviour.

Signed: _____

(Child/young person)

Parent/Guardian's consent

1. I have read and explained the details on the form to the above-named child/young person, and I agree to allow him/her to attend the above activity/meeting for the duration of the program and during the times stated above.
2. I understand that there will be suitable supervision while the children/young people are in the care of the organisers.
3. Does your child have permission to walk home alone after the activity? Yes / No: (Delete as appropriate).
4. 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 we/I can be contacted at the telephone numbers provided on the previous page:
5. I have read, understand and agree to the information/details in this form.

Signed: _____ Name (block letters) _____

(Parent/Guardian)

Relationship to child/young person: _____

Any concern regarding the welfare and safety of the children/young people taking part in this activity should be brought immediately to the attention of the Augustinian Designated Liaison Person, Evelyn Alexander (085 7067358) or via email DLP@augustinians.ie

If you have a concern regarding a child who is at immediate risk, please contact An Garda Síochána on 112 or 999.