



CHILD & GUARDIAN JOINT CONSENT

Data Protection

This form will be held on file in accordance with the Data Protection Policy of the Diocese of Ferns. The data entered will be used only for the purpose indicated on the form. It may be accessed only by those with responsibility for managing records or group activities.

Details about the Group (to be completed by organiser)

Name of Group	Personal Development Programme: Crossabeg
Duration/Frequency of activity:	Once a week from 27 th of January 2016 to the 10 th of March 2016
Name of Organiser:	Fr Jim Finn

Details of the young person:

Name of Young Person:	
Address:	
Date of Birth:	
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact information of young person (for emergency use only)	

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.

Guardian Contact Details

Name:	
Daytime phone number:	Code _____ Local No: _____
Home phone number:	Code _____ Local No: _____
Mobile Number:	
Email	

Diocesan Contacts

Mick Kavanagh - Director of Safeguarding / DLP
053- 9174972 or 087-7185541

Diocese of Ferns Safeguarding Policy

In cases of a Medical Emergency

In the event of illness or 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: _____

Young Person's Consent

I _____ (Insert first name and surname) would like to take part in the event listed above.

(If relevant please tick the boxes below)

I understand that during the group activities photographs may be taken and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Diocese of Ferns.

I understand that during the group activities videos (which may include webcam) may be taken and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the Diocese of Ferns.

I understand that at the group activities I will be appropriately supervised at all times.

Guardian's Consent

I agree to allow the young person named above to attend this meeting on the each Wednesday evening, from 7.15pm until 8.30pm, in accordance with the permission granted by _____ (insert name of young person) above. I understand that there will be suitable supervision while the young people are in the care of the organisers.

Signed: _____ Name (block letters) _____
Guardian Guardian

Relationship to Young Person: _____

Signed: _____ Name (block letters) _____
Young Person Young Person

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