



# CHILD & PARENT/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 of Group (to be completed by organiser)

Name of Group	
Venue	
Duration/Frequency of activity:	
Name of Organiser:	

## Details of young person

Name of Young Person	
Address	
Date of Birth	
Gender	
Tel no (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.

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## Parent/Guardian Contact Details

Name	
Daytime Tel no	
Evening Tel no	
Mobile Tel no	
Email	

## Diocesan Contact

Emma Fitzgerald | Director of Safeguarding  
[safeguarding@ferns.ie](mailto:safeguarding@ferns.ie) 053 917 4972

For out-of-hours reporting/disclosures and time sensitive matters, please call Emma on 087 718 5541

# Diocese of Ferns

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## 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 first aid responder, 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 Consent

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

### (Please tick relevant 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 printed/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 digital/online (delete as appropriate) publications by the Diocese of Ferns.

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

## Parent/Guardian Consent

I agree to allow the young person named above to attend this meeting at the venue and frequency listed above, in accordance with the permission granted by

\_\_\_\_\_ (insert name of young person), as stated above.

I understand that during group activities my child will be appropriately supervised at all times

Signed \_\_\_\_\_ Print Name \_\_\_\_\_  
Parent/Guardian Parent/Guardian

Relationship to Young Person: \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_  
Young Person Young Person

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