

**Group details**

Name of Parish \_\_\_\_\_

Name of Group/Type of Activity (e.g. Altar Serving, Choir, etc.) \_\_\_\_\_

Name of organiser \_\_\_\_\_

**Details of the child/young person**

Name of young person \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender (circle as appropriate)

**Male****Female****Other relevant information**

Please mention any relevant medical conditions, allergies, 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 \_\_\_\_\_

Home phone number Code \_\_\_\_\_ Local no. \_\_\_\_\_

Mobile number \_\_\_\_\_

Email \_\_\_\_\_

**Media Consent for Authorised Photographs or Videos**

(If relevant please tick the boxes below)

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 official publications by the parish/diocese for the promotion of the activity.

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 official publications by the parish/diocese for the promotion of the activity.

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Child) \_\_\_\_\_ Date \_\_\_\_\_

**Parent's/Guardian's consent**

I consent to the above-named child's/young person's involvement in the activity outlined above. I understand that their involvement will require compliance with diocesan safeguarding policy and procedures and that there will be suitable supervision while he/she is in the care of the organisers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (block letters) \_\_\_\_\_

Relationship to child/young person \_\_\_\_\_

**In cases of a 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 numbers provided on the previous page:

Signed \_\_\_\_\_

**Child's/Young Person's consent**

I \_\_\_\_\_ (insert full name) would like to take part in the activity/event listed on the previous page. I understand that being a reliable member of this group is important and I accept that I must follow the rules of the group as have being explained to me by the group leader/group coordinator.

Signed \_\_\_\_\_

**Note 1:** Schools must receive separate permission from parents/guardian to allow children to serve mass during school time.

**Note 2:** Data Protection - 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.