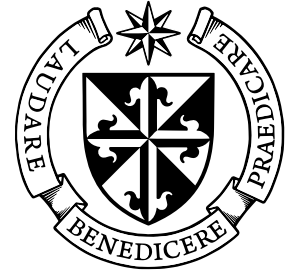


FORM 6 Child and Parent/Guardian Joint Consent



1. Group details (to be completed by organiser)

Name of Group _____

Duration/frequency of activity from:

(Start date/time)

(End date/time)

Person in Charge/Name of organiser _____

2. Details of the child/young person

Name of child/young person _____

Address _____

Date of birth _____

Gender (circle as appropriate) **Male** **Female**

3. Other relevant information

Please mention medical conditions, special needs or dietary requirements.

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.

4. Parent/Guardian contact details

Name _____

Home phone number _____

Mobile Number _____

Email address _____

Contact information for emergency use only (if different from above information)

5. Parents/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 Dominican Province of Ireland safeguarding policy and procedures and that there will be suitable supervision and an agreed code of behaviour while he/she is in the care of the organiser's

Signed _____

Name (block letters) _____

Relationship to child/young person _____

6. In cases of a medical emergency

In the event of an illness or an accident, I give permission for medical treatment to be administered to my child, where considered necessary by a suitable 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 above.

Signed _____

7. 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 and/or online use by the Dominican Province of Ireland.

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 Dominican Province of Ireland.

Signed (Parent/Guardian) _____

Date _____

Signed (Child/Young Person) _____

Date _____

8. Child/Young Person's consent

I _____ (insert full name) would like to take part in the event or activity listed above. 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 been explained to me by the group leader/group coordinator.

Signed _____

Data protection: This form will be held on file, in accordance with the data protection policy of the Dominican Province of Ireland. 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.