



# FORM 10

## Child and Parent/Carer/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 or young person

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

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

#### 5. 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 above.

Signed \_\_\_\_\_

#### 6. Child's or Young Person's consent

I \_\_\_\_\_ (*insert full name*) would like to take part in the event or activity listed.

*(If you agree please tick the boxes below, there is no obligation to tick the first 2 boxes)*

I understand that photographs may be taken during the group activities. I give my permission for my photograph to be taken and to be used in any hard copy and/or online use by the Irish Province of the Dominican Order.

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

I understand that during group activities I will agree to abide by the group's code of conduct.

I understand that adult leader/s will also abide by a code of conduct and I am entitled to be safe while attending this activity.

## 7. Guardian's consent

I agree to allow the above-named child or young person to attend \_\_\_\_\_  
 \_\_\_\_\_(name of activity or meeting), at the times and date/s  
 stipulated in section 2 in accordance with the consent granted by \_\_\_\_\_(insert  
 name of child or young person) above.

I understand that there will be suitable supervision and an agreed code of behaviour while the children or young people are in the care of the organisers.

Signed: \_\_\_\_\_ Name (block letters) \_\_\_\_\_

*(Parent/Carer/Guardian)*

Relationship to child or young person: \_\_\_\_\_

Signed: \_\_\_\_\_

*(Child or young person)*

**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.