

SO16: Child and Parent/Carer Joint Consent Form for Online Ministry

PARISH DETAILS

Name of Parish:

ACTIVITY/EVENT DETAILS

*To be completed by the activity leader/organiser.

Name of Online Activity/Event:

Duration/Frequency of
Activity/Event:

Start date:

End date:

Start time:

End time:

Name of Virtual platform being used:

DETAILS OF LEADER OF ACTIVITY/EVENT

Leader 1

Name:

Contact Telephone No:

Email:

Leader 2

Name:

Contact Telephone No:

Email:

DETAILS OF CHILD/YOUNG PERSON

*To be completed by child/young person/parent/carer.

Name of Child/Young Person:

Address:

Postcode:

Date of Birth: (If under 18)

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DETAILS OF PARENT/CARER

Name of Parent/Carer:

Address:

Postcode:

Contact Telephone No:

Email:

Relationship to Child/Young Person:

CHILDREN/YOUNG PERSONS CONSENT SECTION

I

would like to take part in the online activity detailed on this form.

I understand that images may be taken during the online event. These may be used in any hard copy/online publications on the Parish or Diocesan websites or bulletins.

I DO give my permission for these to be used in any hard copy/online publications by the Parish or Diocese.

I DO NOT give my permission for these to be used in any hard copy/online publications by the Parish or Diocese.

I UNDERSTAND that during this online activity I will be appropriately supervised at all times and will agree to abide by the group's code of behaviour.

Child/Young Person Signature:

Date:

Print Full Name:

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PARENTAL/CARER CONSENT SECTION

- I AGREE** to allow the above-named child/young person to attend the meeting(s)/activity(ies) as detailed on this form, at the times and dates specified, in accordance with the permission provided by the child/young person on this form.
- I UNDERSTAND** that there will be suitable supervision and an agreed code of behaviour whilst the child/young person is involved in this online activity.
- I DO NOT** wish photographs/video or images to be taken of my child/young person during this online activity.

Parent/Carer Signature:

Date:

Print Full Name:

*Please return this form to the leader in charge.