

# SO6: Child and Parent/Carer Joint Consent Form

Please complete for each child/young person and let us know if there are any significant changes.

## PARISH DETAILS

Name of Parish:

## GROUP DETAILS (To be completed by the organiser)

Name of Group  
(eg Children's Liturgy):

Duration/Frequency of Activity:

Start date:

End date:

Start time:

End time:

Name of Organiser/  
Leader of Activity:

## DETAILS OF CHILD/YOUNG PERSON

Name of Child/Young Person:

Address of Child/Young Person:

Postcode:

Date of Birth: (If under 18)

## DETAILS OF PARENT/CARER

### Parent/Carer contact details

Name:

Address: (If different from child/young person)

Postcode:

### Additional responsible adult (in case of emergency)

Name:

Address: (If different from child/young person)

Postcode:

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## DETAILS OF PARENT/CARER continued

Contact Telephone No:

Email:

Relationship to Child:

Contact Telephone No:

Email:

Relationship to Child:

## TRANSPORT ARRANGEMENTS

### PARENT/CARER CONSENT

- I AGREE** that this person has my permission to drive their car with the aforementioned child/children/young person(s) as passenger(s). Seatbelts will be worn at all times.
- I UNDERSTAND** that the driver will have a full and valid driving license and be fully insured. If this is a regular car journey, his/her insurance company will have been informed of the arrangements.
- Or;**
- I AGREE** that I/we are responsible for and drop off and pick-up of my/our child/young person.

### MEDICAL INFORMATION (To be completed by parent/carers)

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability which may affect normal activity:

**Please note: The organisers cannot administer any 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 the relevant Policies and Procedures.**

### CONSENT IN CASE OF MEDICAL EMERGENCY

- I AGREE** in the event of illness or an accident, for medical treatment to be administered to my child/young person, 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 this form.

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## CHILDREN/YOUNG PERSONS CONSENT

I

would like to take part in the event listed on the previous page.  
(If relevant please mark the boxes below)

**I understand that photographs and videos, including webcam recording and images may be taken during the group activities and that 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 group activities 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:

## PARENTAL/CARER CONSENT

**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 in the care of the organisers.

**I DO NOT** wish photographs/video (which may include webcam) to be taken of my child/young person.

Parent/Carer Signature:

Date:

Print Full Name:

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office, which can be found at <http://www.downandconnorsafeguarding.com/privacy-notices/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.