



## Diocese Of Derry

### 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 event listed on the previous page.

(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 (delete as appropriate) publications by the (insert name of Church body).
- ◆ 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 (insert name of Church body).
- ◆ I understand that during group activities I will be appropriately supervised at all times.

Guardian's consent

I agree to allow the above-named child/young person to attend this meeting on the (insert date), from (insert start time) until (insert end time), in accordance with the permission granted by (insert name of child/young person) above. I understand that there will be suitable supervision while the children/young people are in the care of the organisers.

Signed \_\_\_\_\_

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

(Guardian)

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

Signed \_\_\_\_\_

(Child/young person)