



Diocese Of Derry

Child and Guardian Joint Consent

DataProtection

This form will be held on file, in accordance with the data protection policy of _____ (insert name of Church body). 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.

Group details (to be completed by organiser)

Name of group _____

Duration/frequency of activity _____

Name of organiser _____

Details of the child/young person

Name of young person _____

Address _____

Date of birth _____

Gender (circle as appropriate) Male Female

Contact information of young person (for emergency use only)

Other relevant information

(Please mention any medical conditions, special needs or dietary requirements).

Please 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.

Guardian contact details

Name _____

Daytime phone number _____

Home phone number _____

Mobile number _____

Email _____