***Child and Guardian Joint Consent***

**Moyraverty parish**

**Children’s Liturgy**

### 1.0 Data protection

This form will be held on file, in accordance with the data protection policy of

Moyraverty Parish. 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.

### 2.0 Group details (to be completed by organiser)

Name of group

Duration/frequency of activity from (start date/time)

End time

Name of organiser

### 3.0 Details of the child/young person

Name of young person

Address

Date of birth

Gender (circle as appropriate) **Male Female**

### 4.0 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.

### 5.0 Guardian contact details

Name

Daytime phone number

Home phone number

Mobile number

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_