



CHRISTIAN BROTHERS EUROPEAN PROVINCE

CHILD AND GUARDIAN JOINT CONSENT FORM

To build a safe and solid environment for children consent forms appropriate for use in specific contexts are required. This template provides a sample consent form that can be adapted for local circumstances.

Relevant for the following Roles:

- Local Safeguarding Representative
- Employees and Volunteers
- Members of the Congregation

STANDARD 1

CREATING AND MAINTAINING SAFE ENVIRONMENTS GUIDANCE FOR INDICATOR 1.4

1.4A Template 3: Child and Guardian Joint Consent

Data protection

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 Code _____ Local no. _____

Home phone number Code _____ Local no. _____

STANDARD 1

CREATING AND MAINTAINING SAFE ENVIRONMENTS GUIDANCE FOR INDICATOR 1.4

Mobile number _____

Email _____

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) (Guardian)

Relationship to child/young person _____

Signed _____
(Child/young person)