DJOĊESI TA' GĦAWDEX

ACTIVITY CONSENT FORM

Parents'/Guardians' Details:

I/We _____, ID _____

mother's/guardian's full name *ID card number*

and _____, ID _____

father's/guardian's full name *ID card number*

Address:

_____

house number/house name and street name, town/village, country

Contacts: _____ _____

phone number(s) *email address*

Parents/Guardians live in the same household and have shared care and custody:	☐ YES	☐ NO
Parents/Guardians live separately and have shared care and custody:	☐ YES	☐ NO
Parent/Guardian has sole care and custody:	☐ YES	☐ NO

am/are the parent(s) or legal guardian(s) with custody rights, access rights or parental authority over the following child:

Information about participating child:

Name:

_____

child's full name

Date and place of birth: _____ _____

dd/mm/yyyy *city, country*

ID number: _____

number

Information about the activity:

This child has my/our consent to participate in:

_____ at _____

name of activity *place*

on _____ at _____

date *time*

The fee is €_____

For more information, see the attached programme.

Medical Information:

Does the child have any **conditions and/or allergies** that the staff need to be aware of or which require medical treatment? ☐ **YES** ☐ **NO**

If YES, please give details.
Please outline specific dietary requirements.

Is the child currently taking any **medication**? ☐ **YES** ☐ **NO**

If YES, are there specific instructions?

Does the child have certain disabilities that may prohibit certain activities? ☐ **YES** ☐ **NO**

If YES, are there specific instructions?

If any medication is required, please ensure that the minor has enough with him/her for during the activity.

Parents'/Guardians' Declaration:

In continuation with the Catechism for Formation for Sacraments/Adolescents Form, I/we, the undersigned, as the person/s entrusted with the care and custody of the minor mentioned, understand that participation in this group may involve certain risks. I/we are giving consent for the mentioned minor, to participate in the named activities.

I/We understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standard of conduct. I/We release the Gozo Diocese, the Parish, the activity coordinators, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation to which I/we and the mentioned minor must abide according to the rules, procedures and/or instructions.

In case of emergency, I/we hereby give my/our permission to the medical provider selected by the adult leader in charge to secure proper treatment for the mentioned minor. I/We, the undersigned agree to accept, if needs be, any decisions taken (even expulsion) by the administration of the said activity regarding inappropriate behaviour from the mentioned minor.

I/We hereby give my/our consent to the parish and/or organisers to use photographs and/videos and personal data of the mentioned minor for the private or public purposes of the parish. ☐ **YES** ☐ **NO**

I/We the undersigned grant permission to the group leader or any other representative of the said activity to communicate with the mentioned minor electronically and/or through his/her personal mobile phone regarding the above-mentioned activity.

Signature(s) of parent(s)/guardian(s) giving consent:

_____ _____

Parent/Guardian's Name and Surname **Parent/Guardian's Name and Surname**

_____ _____ _____

Parent/Guardian's Signature **Parent/Guardian's Signature** **Date**

Questions regarding information in this consent letter should be directed to the person(s) giving consent.