DJOČESI TA' GHAWDEX

# TRAVELLING 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)/legal guardian(s) with custody rights, access rights or parental authority over the following child:

## Information about travelling child:

Name: _____
*child's full name*

Date and place of birth: _____ _____
*dd/mm/yyyy* *city, country*

ID/Passport number & Expiry date: _____ _____
*number* *expiry date*

Issuing authority of ID/Passport: _____
*country*

## Information about accompanying person:

This child has my/our consent to travel with:

Name and Surname: _____

ID number & Expiry date: _____ _____
*ID number* *expiry date*

Issuing authority of ID: _____
*country*

Name and Surname: _____

ID number & Expiry date: _____ _____
*ID number* *expiry date*

Issuing authority of ID: _____
*country*

Name and Surname: _____

ID number & Expiry date: _____ _____
*ID number* *expiry date*

Issuing authority of ID: _____
*country*

## Contact Information during trip:

I/We give my/our consent for this child to travel to: _____
*country*

_____
*date from - to*

_____
*address*

## 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 special 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?* |
|---|

**Parent's/Guardian's Declaration:**

In continuation with the Catechism for Formation for Adolescents Form, I/We, the undersigned, as person/s entrusted with the care and custody of the mentioned minor, understand that participation in this trip may include day trips to adventure parks, cities, museums and galleries together with the use of private and public transport. I understand that all activities during this may involve certain risks. I/we am/are giving consent for the mentioned minor to participate in any activities proposed during this trip.

I/We understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I/We release the 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 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 above-mentioned group in charge of the activity regarding inappropriate behaviour from the mentioned minor.

I/We, hereby give my/our consent to the parish to use photographs and/or videos and personal data of the mentioned minor for 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 above-mentioned group in charge of the activity to communicate with the mentioned minor electronically and/or through his/her personal mobile phone regarding all activities related to the above-mentioned trip.

**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.*