

Archdiocese of Dublin

Teen Hope Parental Consent Form

ALL sections must be completed by the Parent/Guardian

SECTION A: The Organisation	
NAME	Parish of
EVENT	Teen Hope
VENUE	St. John the Baptist Parish Centre
GROUP	Youth [Teens]
DATES	
TIME	7-8.30pm

SECTION B: Your local Parish	
NAME OF PARISH	
NAME OF GROUP LEADER (Leader must be over 18)	
CONTACT NUMBER	

SECTION C: The Young Person	
NAME	
ADDRESS	
TELEPHONE NO.	
DATE OF BIRTH	
MEDICAL CONDITIONS Give details of any medical conditions of which the Organisers ought to be aware.	

SECTION D: Consent to Communicate	
I am happy for you to email/text me about future youth events. <i>(Please circle)</i>	
YES	NO
PARENT/GUARDIAN	Email Address:
PARENT/GUARDIAN	Phone number:
I am happy for you to email my child (only if over 16) with the understanding that I will receive the exact same email also (my details above), in accordance with best practice in Safeguarding Children. <i>(Please circle)</i>	
YES	NO
YOUNG PERSON	Email Address:

Please state the name and telephone numbers of available persons, during the period of the activity, in the event of non-availability of parent/guardian.

NAME	CONTACT NUMBER

SECTION E: Consent to Participate	
I agree and give permission for my son/ daughter/ ward's photograph to be taken in a group session or activities during the event. Photographs may appear on our Facebook Page and the Diocesan website. <i>(Please circle)</i>	
YES	NO
I have read all the information provided concerning the programme of the above activity and I hereby give permission for my son/daughter/ward to participate in the above activity. <i>(Please circle)</i>	
YES	NO
The Archdiocese of Dublin only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the organisation, its servants or agents.	

SIGNED (PARENT/GUARDIAN)	DATE
ADDRESS (if different)	
CONTACT NUMBER (if different)	