



DIOCESAN PILGRIMAGE TO LOURDES 2018

PARENTAL CONSENT FORM FOR UNDER 18's.

Name of Young Person

Address

.....

..... Post Code

Date of Birth Tel No

If part of a group please state which

Date of departure Date of return

I agree to the above named young person taking part in this Pilgrimage. I understand that my son/daughter will be travelling by **coach/train/plane** (delete as appropriate) and that he/she will be in the care of for the duration of the journey.

Whilst in Lourdes my son/daughter will be staying at

Name of Hotel

Address

.....

.....

Tel No

I understand that the group will be allocated accommodation together in the hotel. My son/daughter **will/will not** have my permission (delete as appropriate) to go outside the hotel unaccompanied by other group members. I **do/do not** consent (delete as appropriate) to my son/daughter being allowed outside the hotel with their peers without an adult leader. I have discussed this situation with my son/daughter.

Where parental consent has been given for young people to go out unaccompanied by an adult leader then the young people will be given a curfew of 12.30 am to be back in their hotel room. Noise consideration should be given to the other guests and pilgrims staying at the hotels.

I understand that in addition to the pilgrimage programme the following leisure activities are planned for our group during the pilgrimage ;

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.....
.....

I **consent/do not consent** (delete as appropriate) to my son/daughter undertaking the above activities. Where swimming activities are planned I confirm my son/daughter is a competent swimmer and I **consent/do not consent** (delete as appropriate) to them swimming in the sea. (There may or may not be a lifeguard present).

I agree to 's participation in the activities explained and I acknowledge the need for him/her to behave responsibly.

PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO

The Diocesan Lourdes Pilgrimage recognises the need to ensure the welfare and safety of all children and young people.

In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children/young people.

The named event will follow the Diocesan Social Media Policy guidance for the use of photographs. The Diocesan Lourdes Pilgrimage will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Andrew O'Brien (Safeguarding Coordinator) +44(0)7557731492.

PARENT/CARER TO COMPLETE:

I *(insert name of parent/carer)* consent to the Diocesan Lourdes Pilgrimage photographing or videoing my child:

..... *(insert name of child)*

I understand that these images will be displayed on the Diocesan Lourdes Pilgrimage designated website and social media account pages and I hereby agree to this.

Signature: Date:

CHILD/YOUNG PERSON TO COMPLETE:

I *(insert name of child)* consent to The Diocesan Lourdes Pilgrimage photographing or videoing my involvement in relation to pilgrimage activities.

I understand that these images will be displayed on the Diocesan Lourdes Pilgrimage designated website and social media account pages and I hereby agree to this.

Signature: Date:

MEDICAL INFORMATION

If the young person named on this form has any conditions requiring medical treatment or medication please give brief details:

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.....
.....

Please outline any special dietary requirements of your child and the type of pain relief he/she may be given if necessary:

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.....
.....

If your son/daughter has any allergy(ies) or is allergic to any medication please specify:

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.....
.....

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

CONTACT TELEPHONE NUMBERS

Work Home

Alternative emergency contact:

Name Family Doctor

Address Address

.....

.....

Tel No Tel No

As parent/guardian of the young person named on this form I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

(Parent/Carer) Signed Date

Parent/Carer's Full name
(capitals).....

The Pilgrimage Office mobile phone is available 24 hours a day for emergencies during the pilgrimage on +44 (0)7773 324264. Contact may also be made through the Curial Offices on 0151 652 9855 during the day.

THIS COMPLETED FORM SHOULD BE RETAINED BY THE GROUP LEADER

DATA PROTECTION ACT 1998 - the information given above will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.

The Diocese of Shrewsbury is a registered charity number 234025