



**DIOCESAN PILGRIMAGE TO LOURDES 2019**

**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 12pm midnight and 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 ;

.....  
.....  
.....

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. (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. 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**

• Does your child have any condition(s) requiring the administration of medications or other treatment? **Yes**  **No**

• My child requires the following medications & treatment:

.....

• I confirm that I have discussed management/administration & storage of medications with the Group Leader- **Yes**

• Please confirm whether your child has had the governmentally recommended immunisations for their age- **Yes**  **No**  (Date of most recent Tetanus immunisation ..../.../....)

Special dietary requirements due to tolerance and personal beliefs.....

Allergies: My child has an EpiPen **Yes**  (details.....) **No**

I confirm I have discussed its management/administration/storage with the event leader **Yes**

Pain Relief: In the event that your child has a fever or is injured and we need to give pain relief, are there specific indications about the type of pain relief used and dosage?

.....

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.

As parent/carer 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) Print & Signed ..... Date .....

## CONTACT TELEPHONE NUMBERS

Work .....

Home .....

## Alternative emergency contact:

Name .....

Family Doctor .....

Address .....

Address .....

.....

.....

.....

.....

Tel No .....

Tel No .....

## COMMUNICATION WITH YOUNG PERSON (OVER 13 YEARS ONLY)

Please tick each method of communication with your child that you consent to. Where you consent to electronic methods of communication, please provide your own account address so that you can be copied into the correspondence.

Communication format	Consent		Parent/Carers account address
Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Twitter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
WhatsApp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Others- Please state)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Volunteer behaviours contrary to the code of conduct will be referred to the Diocesan Pilgrimage Director and Safeguarding Coordinator for assessment. In the instance that a volunteer is suspended from role please be aware that they may be sent home at their parents/carers expense.

Please be aware that under-18s will not be permitted to enter the baths at Lourdes as an organised pilgrimage activity.

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**

### Privacy Notice

Your personal details on this form, or that you have supplied to the Diocese has been collected for legitimate reasons in pursuance of the Roman Catholic Faith and in accordance with the law, for safeguarding purposes. The information that you have provided to us will not be transferred to any third party for general marketing purposes. It is necessary for the Diocese to work with other third parties such as the National Catholic Safeguarding Commission (NCSC), Local Authorities and the Police and other organisations that supervise or assist with safeguarding processes. Your personal information may be transferred to these relevant organisations as required. The personal information that you have supplied, will at all times be securely stored on Diocesan, or relevant third party IT systems, or other secure filing systems, in accordance with standard safeguarding procedures. Thereafter, the personal information about you will be securely destroyed. You can read our full privacy notice at <http://www.dioceseofshrewsbury.org/about-us/privacy-notice>.