**Combined Parental/Carers Consent Form (Including for an activity, safe use of images and videoconferencing)**

Parental/Carers Consent for an Activity/Event

# Child/Young person’s Details

|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Date of Birth: |  |

# Nature of Event / Activity

|  |  |
| --- | --- |
| Description: |  |
| Date (s):  *If no of dates required to attend ie; Preparation for Confirmation, please list the dates.* |  |
| Time (s): |  |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

#### Child/Young Person’s Doctor

|  |  |
| --- | --- |
| Name of surgery: |  |
| Name of Doctor: |  |
| Surgery Address: |  |
| Surgery telephone number: |  |
| Child’s NHS Number:  *(This will only be used in the event of an emergency for the medical professions)* |  |

# Code of Conduct

|  |  |
| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct.  These can be located using the following link :<https://www.dioceseofsalford.org.uk/youth/resources-links/> |  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child.  These can be located using the following link :<https://www.dioceseofsalford.org.uk/youth/resources-links/> |  |

# Medical Information

#### Medications

Does your child/young person have any condition/s requiring the administration of medications or other treatment?

|  |  |
| --- | --- |
| Yes |  |
| My child requires the following medications and treatment: |  |
| No |  |

#### Immunisations

Please confirm whether your child has had the governmentally recommended immunisations for their age?

|  |
| --- |
| Yes |
| No |

Please state the date of their most recent Tetanus immunisation:

#### Allergies

Please detail your child’s known allergies:

|  |  |
| --- | --- |
| ⮩ | |
| My child has an EpiPen: |  |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader  Date:  Designated First Aider: |  |

#### Dietary Requirements

Please list any dietary requirements, both due to intolerance and personal beliefs:

|  |
| --- |
|  |

### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

|  |
| --- |
| ⮩ |

We will use this information to help responsible adults to support your child should any difficulties arise.

#### Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

|  |
| --- |
| ⮩ |

#### Contagious Diseases

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

|  |
| --- |
| ⮩ |

# Transportation

Please complete full details as to how your child will travel, including name and contact details of person(s) responsible for transportation/drop-off/collection:

|  |  |
| --- | --- |
| To and from the activity or pick-up point: |  |
| If relevant, during the activity or trip: |  |

# Communication with child/young person via Parent/Carer

Please tick each method of communication with consent to being used to contact you. Where you consent to electronic methods of communication, please provide your own account address, not that of the child/young person. Please ensure you provide an email address of an account you check regularly as all information will be sent directly to you as the parent/carer and not with the child/young person.

Please note this communication will only come from a parish/diocesan email account.

|  |  |  |
| --- | --- | --- |
| ***Insert own account address and contact numbers*** | | |
| Telephone |  |  |
| Email |  |  |
| *Others to be added as required* |  |  |

# Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

I confirm that they are in good health and fit to participate.

I acknowledge the need for them to behave responsibly.

|  |  |
| --- | --- |
| Signature: |  |
| Parent/Carer’s Full Name: |  |
| Date: |  |

Consent to the Safe Use of Images (Photography and Filming)

# Data Protection

In accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018, all personal data, including images (photographs and films for example), must be processed fairly and lawfully. To comply with this, we are bound to issue a privacy notice and inform you when:

• Photographs and films will be taken

• Why they will be taken

• What will be done with them

• Who may see them

• Any non-obvious consequences; for example, if the image from photographs and films is going to be used on a website, in a newsletter, or on televised programme.

We will state how long we plan to keep and use the image(s) and will contact you to seek consent if we wish to use the image(s) for another reason than that expressly stated herein.

# Privacy Notice

To be completed by the Parish/Religious Congregation/Organisation

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parish/congregation/organisation that plans to record images: |  | | |
| Context for recording images: |  | | |
| The purpose for recording images is: |  | | |
| Credit to be linked to images (if any): |  | | |
| The planned use of these images is: | SEE BELOW | | |
| Use may include: |  | Use on web pages: |  |
|  | Use in the publication: |  |
|  | Used to promote: |  |
|  | Used commercially to: |  |
|  | Other (must be specified): |  |
| We intend to keep these images  for a period of: |  | | |
| This means that the images will not be used after this date\*: | *\* Unless the terms of use are re-negotiated with the subject(s) in the image(s)* | | |
| Should you have any questions or concerns, please contact: |  | | |

We will take care to record images that respect the dignity and wellbeing of each individual, and will use secure storage and encryption technology, as well as follow best practice guidelines as laid out in the CSAS e-Safety Guidance in relation to these images (<https://www.csas.uk.net/> ). Should you have any concerns about the manner in which we handle your information and are not able to resolve these satisfactorily with us, please contact the [Information Commissioner](https://ico.org.uk/for-the-public/) for advice and to [report a concern](https://ico.org.uk/concerns/handling/).

We recognise that there are some reasons why, for their own safety and/or wellbeing, some individuals will not want their images recorded or kept and we will always respect this.

It is necessary to ask the child/young person their permission for their photograph to be taken in accordance with the National Safeguarding guidelines.

To be completed by the child/young person whose photograph will be taken (where it is deemed that they understand what they are agreeing to).

|  |  |  |
| --- | --- | --- |
|  | I give my express consent to being photographed and/or filmed in the course of the activities detailed above. | |
|  | I understand the ways in which these photographs, films and resulting images may be used, the period of time, and manner in which they will be stored. | |
|  | I know that it is my right to withdraw my consent at any time, without explanation. | |
| Signature of Child/Young Person: | |  |
| Full Name of Child/Young Person: | |  |
| Date: | |  |

**Parents/Carers must also give them consent for their child/young person to be photographed:**

To be completed by the Parent / Carer

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child/Young Person | | |  |
| Date of Birth: | | |  |
| Full name of person giving consent: | | |  |
| Relationship to child/young person of the photograph: | | |  |
| Work / Daytime Contact Number: | | |  |
| Home / Evening Contact Number: | | |  |
| Mobile Number: | | |  |
| Do you want the child’s/young persons full name credited to their photo? | | | Yes  No *NB: this may make them easier to be  identified and contacted for* *nefarious purposes by third parties* |
| Do you have ‘parental responsibility’ or legal authority to provide consent? | | | Yes  No |
|  | I have discussed the contents of this form with my child and we are in agreement. | | |
|  | I give my express consent to the person named above, being photographed and/or filmed as detailed in this form. | | |
|  | I understand the ways in which these photographs, films and resulting images may be used and the period of time and manner in which they will be kept. | | |
|  | I know that it is my right to withdraw my consent at any time, without explanation. | | |
| Signature: | |  | |
| Full Name: | |  | |
| Date: | |  | |

Please note that we do not allow for children/young people to take their own photographs or film during the event(s). Any photographs or filming undertaken by children/young people attending the event(s) is not approved by the Diocese of Salford. Please ensure that your child is aware of this prior to the event.

Consent Form for Use in Videoconferencing

# Child’s Details

|  |  |
| --- | --- |
| Child’s Full Name: |  |

In the event face to face meetings cannot take place, the children/young people will be encouraged to attend their preparation classes online. The meetings will be hosted through a parish account and in accordance with the National and Diocesan Safeguarding policies, all Catechists have been safely recruited and trained for online meetings. No session will be recorded and no images/screenshots will be taken. Parents and Carers are invited to join their child online for the preparation also.

In order to undertake these online preparation classes online safely we want to ensure that you are clear on how these will work what we will do and what we expect you to do to keep your child safe online.

|  |  |
| --- | --- |
| This section has been completed by XXX (position held – eg priest/youth leader etc) | |
| These meetings will start on (date & day): |  |
| The online platform that we will be using is (name of platform): |  |
| These meetings will start at: |  |
| These meetings will end at: |  |

**In order to make sure that your child stays safe online, we ask that you do the following:**

* Access to the platform is made through the parent/carer’s account, unless your child meets the age restrictions for the platform.
* An appropriate adult, like a parent or carer will remain in the room with younger members
* (primary school age children) during video or conference calls to help or join in. For older children (secondary school age) please make sure there is an appropriate adult nearby for help if they need it.
* For younger children, you will ‘drop off’ your child at the meeting like you would at a (XXX meeting – insert as appropriate), so we know that they have an appropriate adult nearby if they need a hand. This will also give us a chance to talk with you if we need to.
* Your child must take part in the video call in a suitable communal environment (not a bedroom) and be appropriately dressed (fully dressed in clothing that covers top and bottom half of the body). All members of the household must be aware that the call is taking place and make sure that they are appropriately dressed, use appropriate language and behaviour when nearby or in the background. Some of the video calling software has a built-in option to ‘blur’ the background - you may feel this is an appropriate feature to turn on.
* You will make sure your child has ‘logged off’ the call correctly and signed out before turning off any devices.
* You and your child will not try to contact any leaders using these online tools outside of the pre-arranged calls. If you need to contact a leader for any reason you will do so following your normal contact procedures (ie emailing).

**In order to protect your child, we will:**

* Have a minimum of two adults present throughout the video call who will stay on the call until everyone has ‘logged off’.
* Adults involved in the call will hold a current disclosure certificate (DBS) as required for their volunteer role.
* No-one will contact you outside of any pre-arranged meetings using these online tools and if they do need to contact you will do so following their normal contact procedures (ie emailing)
* Those holding the meeting will watch through and check any links or videos they may direct your child to. They will make sure everything they use is age-appropriate.
* Leaders and other adults on the call will use appropriate language/ behaviour throughout the call.
* Those leading the meeting will ensure they are in a communal living space throughout the call. Where possible they will blur the background in any video calls and any members of their household will use appropriate language/behaviour throughout the call

**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. It may be necessary to us to exchange some information with your parish priest or school. This will only be done where there is a legitimate interest or for the effective preparation of the sacramental programme. 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.dioceseofsalford.org.uk/privacy-policy](http://www.dioceseofsalford.org.uk/privacy-policy)

# Statement of Consent

In signing this you are confirming that (please mark all that apply):

You have read, understood and agree to your part in the above requirements.

You give consent for your child to be part of online virtual meetings.

You give photo and video consent for your child (including that their camera will be switched on during the meeting and their name displayed)

I confirm I will be joining them for the preparation meetings. (Please ensure the email address you have used to register, matches the one you will be signing up to the online meeting)

I confirm I will speak to my child to ensure no screenshots are taken and posted online.

I confirm I have not passed the link onto another person.

I confirm I have read and agree to the personal information being used in the manner described above.

|  |  |
| --- | --- |
| Signature: |  |
| Parent/Carer’s Full Name: |  |
| Name of child: |  |
| Date: |  |

Please fill in all relevant sections of this form and return it to:

|  |
| --- |
| NAME: |
| PARISH ADDRESS: |
|  |
|  |